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THE CANADIAN NURSE

AND HOSPITAL REVIEW

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THE

CANADIAN NURSE

A Monthly Journal for the Nursing Profession in Canada

Editor and Business Manager.....MISS HELEN RANDAL, R.N.

VOL. XVIII. VANCOUVER, B. C., SEPTEMBER, 1922 No. 9

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The Memorial Fund

How one School for Nurses solved the problem of securing its contribution

VIVIEN M. C. LANE

The subject of a memorial to the nurses who lost their lives in the last war was first placed before the School for Nurses of the Toronto General Hospital at the mass meeting of the nurses-in-training on May 1st. Considerable enthusiasm was shown and the student nurses voted $500.00 as their objective, making the share of each nurse $2.00. Ways and means of making the money were discussed but nothing definite decided upon.

During the following week different signs and posters began to appear on the residence floor bulletin boards. First came an advertisement which read:—

FOR GRADUATION WEEK
Shoes shined extra fine at 516;
Low shoes, five—high shoes, ten—
We certainly hope you will call again.

Inside one bedroom was the shining establishments. A high trunk covered with a rug was placed in the corner of the room; on this was an armchair, while wooden boxes were nailed to the trunk for foot rests. A pair of old kid gauntlet gloves were placed beside the different bottles of polish and brushes and served to save the bootblack's nails. Shoes walked in from all the different residences, and the bootblacks very soon "shut up shop," with their $2.00 made.

A student who could manicure next hung up her shingle. Gradually news of the different trades being practised filtered through the school, and the posters were all collected by the Training School Office, typewritten and placed on the large bulletin board in the main residence.

One advertisement read:—

THE GWENDORA BEAUTY SHOP.
Monday, Thursday, Saturday—7.30 to 9.30 p. m.

SHAMPOO—25 cents.
Their eyes follow you wherever you go,
On the street, at the dance, or on duty;
Their eyes follow your hair. Are they
Lingering glances of admiration?
If not—you need a shampoo.

MARCEL—25 cents.
We produce a naturally beautiful ripple wave
that remains in the straightest hair a week or more.
"Hair that is lifeless is waveless"

MANICURE—25 cents.
Your nails—no time like the present.
"Credit is dead—bad pay killed him."

These three hair dressers had their rooms arranged most attractively. The breeze from an electric fan played upon the patron as she lounged comfortably on the cushioned bed. The hair dresser really gave a beautiful marcel, and customers returned again and again. Sixteen dollars was made by these nurses in a fortnight.

Another advertisement read:—

Beautiful hair adds charm;
Brush your hair to keep it free of dust;
We wash brushes and combs;
Prices moderate.
"Goods called for and delivered."

The advertisement below makes a marked impression on account of the work involved:—

PLAIN DRESSMAKING.
Gingham and voile dresses, $2.50.
Crepe de chene and Georgette blouses, $2.00.
Underwear—plain—75c.
Underwear—embroidered—$1.00.
Patterns must be supplied with all materials, except for underwear—
also buttons and fasteners.

This ambitious nurse actually made these things and the resulting proceeds proved clear profit.

A Photograph Gallery was the next firm to open for business:—

PHOTOGRAPHS	SIZE A	SIZE B
Original snap - - -	14 cents each - - -	11 cents each
Copies - - - - -	7 cents each - - -	6 cents each
Per half dozen - - -	36 cents each - - -	30 cents each

By appointment—Hours, 8 a. m. to 9 a. m. 4.30 p. m. to 6.30 p. m.

This poster had snapshots to show the sizes spoken of and made a very attractive addition to the bulletin board.

Sewing on buttons was one brilliant idea—darning another—marking names on underwear, caps, aprons, etc., with India ink, still another.

This firm undertakes many activities:—

HELPFUL SERVICE FOR TIRED NURSES.

1. Our Specialty—Serving trays to rooms.
   Service 1-6 people.
   Menu—Salads, Ices, Milk, Coffee, Hot or Iced Cocoa, Lemonade, Punches.
2. Manicuring, 30 cents—"We charge more but we do finished work."
   This beauty parlor also has on sale bottles of nail bleach.
   The bottles were purchased by the gross through the pharmacy and the bleach made up by the managers of this firm.
   The prescription is kept a dead secret.
3. Laundry—Caps laundered to any degree of stiffness, 4 cents
   Collar and cuff sets laundered, 10 cents.
4. Beds—15 cents—Beds made with tight corners at clean linen time.
   We guarantee our beds, even with abuse, to last one week.

The trays proved a great success, but the server of trays thought them almost too popular, for she was swamped with orders. Breakfast trays were served to the rooms of nurses having a morning off duty and who wished to sleep in. The beautiful part of ordering a tray was that one did not have to specify what one wanted, and the tray was always a surprise; moreover there was no dish washing to take the joy out of life after the party was over, but the tray deftly spirited away.

Already the proceeds from this have amounted to $20.00, and unlimited orders are still coming in.

Arrangements for an ice cream booth, open three nights a week, have been made at one of the residences.

At the main residence a kimona party is being planned. Strawberry ices, eats and punch will be on sale in the hall. The patrons, if they do not wish to retire to their rooms to enjoy their feast, must pay an admission fee in the sitting room, where a concert will be given by another group of enthusiasts. An orchestra composed of school talent will play for dancing.

One ambitious enthusiast advertised to clean rooms and keep them clean on contract; charges for this undertaking were to be decided upon after cleaning the room.

There are countless other things that can yet be done. In our school every day some one thinks of a new scheme. The main thing is to arouse an enthusiasm among even a few; the others will soon become interested, and, when a group of girls are interested and keen, any proposition proves a success, providing the objective is right.

The memorial is to be an expression of our pride and respect for those sisters who spared nothing in their patriotism and devotion to duty. Many women who see the need of such things suggested that more useful and more worthy objects be chosen for a memorial. For us, however, a national, permanent memorial has a greater appeal, and such a one would, of necessity, be placed at the Capital. Anything else, anywhere else, would be a local remembrance, entailing expense in the up-keep, a burden we would not be justified in leaving to those coming after us.

It behooves us to show our appreciation of what our training has done for us. Let us grasp the privilege of giving and erect a monument worthy, both of those to whom we erect it and of those giving it—the Nures of Canada.

Ed. Note:—This paper is written by a student nurse at the Toronto General Hospital.

International Council of Nurses

The Grand Council of the International Council of Nurses met at Copenhagen, Denmark, from May 22nd to 24th. Delegates from ten countries were present. Baroness Mannerheim, President of the Nurses' Association of Finland, was elected to succeed Mrs. Henry Tscherning, of Denmark, as President. The next meeting will be held in Helsingfors, Finland, in 1925. Miss Charlotte Reimann, Denmark, succeeds Miss L. Dock as honorary secretary.

During the meeting the necessity of an international standard in nursing education was discussed and endorsed. There are fourteen countries now connected with the Congress, including Canada. Belgium, China, Italy, Norway and South Africa were admitted at this last meeting.

Yearning in desire
To follow knowledge, like a sinking star,
Beyond the utmost bound of human thought.

Ulysses.

Summer School for Nurses, University of Saskatchewan

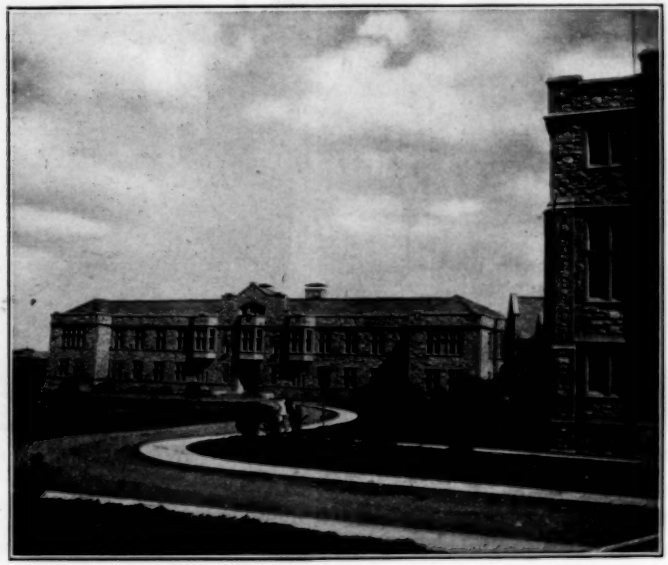
Nurses in attendance at Summer School, University of Saskatchewan July, 1922.

The short Summer Session of two weeks at the Summer School, University of Saskatchewan, while only a very modest effort, was nevertheless felt by the nurses of Saskatchewan to mark a very important step in nursing progress in the Province.

The University, in whose hands, by the Nurses' Registration Act of 1917, was placed the authority to set educational standards for the Schools on Nursing in the Province, readily acceded to the request of the Provincial Registered Nurses' Association that a short summer session might be arranged whereby the nurses engaged in training school work might get together for the discussion of the various problems involved in nursing education.

The University was fortunate in securing as director of the course Miss Ethel Johns, Assistant Professor of Nursing, University of British Columbia. Miss Johns, as a nurse of wide experience, outstanding ability and the highest professional ideals, was able, out of the richness of her experience, to give most valuable and encouraging advice, as well as to lead the nurses to a keener realization of the educational side of the work, and a clearer vision of their opportunities.

The lectures were most practical, covering such points as "Training School Organization" and "Government Principles of Teaching, as applied to Schools of Nursing," and a consideration of the most modern developments in nursing . The shortness of time for the arrangement of the details of the course, and the shortness of the course itself, made it impossible to utilize the various departments of the Summer School which would otherwise have been available, but most valuable lectures and demonstrations in Nutrition and Bacteriology were given, and these, along with observation of classes in Physical Education and Household Science, added greatly to the interest and practical value of the course.



The College Building, University of Saskatchewan.

The session being largely in the nature of an experiment, the University President had invited the group in attendance to make suggestions which would be helpful in the event of such a course being repeated. The nurses were most emphatic in their statement of the value of the course, and in their recommendation that it be repeated next summer. They suggested a longer and somewhat fuller course, which would offer material of interest to all of the nursing groups—the Private Duty, and Public Health groups, as well as the groups interested in institutional management and nurse education. There was stressed the value of mingling in a social way with other educational groups in attendance at the summer school, as well as the need for nurse educators to get into close touch with nurses actively engaged in the various branches of nursing, that the modifications necessary to better fit the student nurse for the ever widening opportunities in the field of nursing might be made.

Though, largely due to the short notice it was possible to give the hospitals, the attendance was small, yet the Directors of six training schools were there—under whose direction are altogether some two hundred student nurses—so the results will be more far-reaching than it would at first appear.

Those in attendance were: Miss Delia Gillespie, Reg. N., Superintendent General Hospital, Swift Current; Miss Caroline Guillod, Reg. N., Superintendent General Hospital Maple Creek; Sister Amelia, R. N., Superintendent of Nurses, Grey Nuns' Hospital, Regina; Sister Mary Raphael, Reg. N., Superintendent of Nurses, Providence Hospital, Moose Jaw; Sister Mary Angelus, Reg. N., Night Supervisor, Providence Hospital, Moose Jaw; Sister Mary Gallant, Reg. N., Superintendent of Nurses, St. Boniface Hospital, St. Boniface, Manitoba; Sister Mary Katherine, Reg. N., Superintendent of Nurses, Holy Family Hospital, Prince Albert; Sister O'Grady, R. N., Keeper of Records, Grey Nuns' Hospital, Regina.

THE GOVERNMENT'S CONVERSION SCHEME

The attention of the holders of the five and a-half per cent. war loan bonds maturing December 1, 1922, is directed to the offer of the Minister of Finance to renew the loan on favourable terms. The last Canadian loan was placed in New York at a satisfactory price. The Minister is making his present financial operation entirely a domestic one by offering to exchange the maturing bonds for new bonds bearing the same rate of interest, running for either five years or ten years as the bondholder may prefer. A further inducement to the investor is that he receives a bonus of one month's interest. The terms offered are decidedly favourable to the investor, and it is probable that a large part of the maturing loan will be renewed. Arrangements for the exchange of the bonds can be made at any branch of the chartered banks. Holders who do not wish to reinvest will be paid in cash on the 1st December.

A CONCESSION TO HOME INVESTORS

In offering to renew the five and a-half per cent. Canadian Government bonds maturing December 1st at the same rate of interest as is carried by the maturing bonds, and allowing a bonus of one month's interest, the Minister of Finance is making a material concession to the Canadian investor, as this rate is higher than was paid on the recent Canadian loan in New York. The high class of the security, which is the very best that can be offered in Canada, and the liberal rate of interest, should lead to large investment in these Dominion bonds. Attention is directed to the official advertisement giving details.

Lectures on The History of Nursing

WITH DESCRIPTIVE LIST OF LANTERN-SLIDES

By MAUDE E. SEYMOUR ABBOTT, B.A., M.D.,
Curator of the Medical Museum, McGill University

(Continued from July issue).

LECTURE XI.

Sections 23, 24, 25, 26.

23 AND 24—THE RED CROSS AND THE ST. JOHN AMBULANCE MOVEMENTS, THEIR ORIGIN AND DEVELOPMENT AND ACTIVITIES IN THE RECENT WORLD WAR†. 25—THE PEACE-TIME POLICY OF THE LEAGUE OF RED CROSS SOCIETIES. 26—THE PUBLIC HEALTH NURSE*

Authorities Consulted: *Un Souvenir de Solferino*, par Henry Dunant, Geneva, 1862; *The Way of the Red Cross*, by Vivian & Williams, Hodder & Stoughton, 1915; *The Red Cross*, by Clara Barton, 1898; *Under the Red Cross Flag*, by M. T. Boardman, Lippincott & Co., 1915; *Life of Clara Barton*, by Percy Epler, McMillan & Co., 1915; *The Maple Leaf's Red Cross*, by Mary McLeod Moore, 1918; *The Red Cross*, by Henry C. Shelly, Edin. Review, 1914, Vol. 220, pp. 333-335; *British V. A. D. Work in the Great War*, by Thekla Bowser, F. J. I., 1917; *The Red Cross in War*, by M. F. Billington, Hodder & Stoughton, 1914; *Report of the Joint War Committee of the British Red Cross Society and the Order of the Hospital of St. John of Jerusalem in England*, 1914-1919, *published* 1921; Bulletins of the *League of Red Cross Societies*, Geneva, May, 1919, to date; *The International Journal of Public Health*, Geneva, May, 1920, to date; *The Red Cross Department of the British and of the American Journal of Nursing; Reports of the Canadian Red Cross Society.*

FOREWORD:

No outline of the History of Nursing would be complete that did not include in its survey those large fields of nursing activities that lie outside the range of the civil hospital in the various organizations that have sprung up in the modern world to ameliorate the sufferings and devastation of war on the one hand, and to provide for the relief of national calamities and for the control and prevention of disease, on the other. In this connection we have to consider, in the first place, the establishment by the various governments of military nursing as a part of the Army Medical Service (See Lecture X.), and the organ-

* Entered under the Copyright Act, November 23rd, 1920.

† For revision of the manuscript of Sections 23 and 24 of this Lecture (History of the Red Cross and the St. John Ambulance), and for much authentic information on these subjects, the writer's sincere thanks are expressed to the following authorities: Col. C. A. Hodgetts, C. M. G., M. D., Secretary of the St. John Ambulance Association; Mr. T. Ruggles George, Secretary of the Canadian Red Cross Society; Lady Drummond, formerly Assistant Commissioner of the Canadian Red Cross in England; Dr. Charles A. Copp, Assistant Commissioner of the St. John Ambulance Brigade Overseas; and Mrs. V. V. Henderson, Lady District Superintendent of the St. John Ambulance Brigade, M. D. 4.

ization on an official and national basis of Public Health and Child Welfare Departments; and secondly, that great volunteer movement for the rendering of auxiliary or supplementary aid to the official agencies of every country which has been organized on an international basis under the name of the Red Cross, and which has contributed, especially in very recent years, so greatly to the comfort and help of the sick and wounded in war, and now spreads its beneficent system over the entire earth, not only in war but also in peace, through the banding together of thirty-one different countries in a great international system for the prevention of disease and the betterment of the race (League of Red Cross Societies, founded May 5th, 1915). In this connection it is of interest to note that the peace-time programme, outlined under the League of Red Cross Societies, is not a new departure in the work of the Red Cross. An extension of its activities to include the relief of national calamities other than war was proposed at Geneva in 1865, in the year succeeding the treaty, and this has always formed an essential part of the field of work of both the American and Russian Societies; and a peace campaign against tuberculosis was inaugurated at the St. Petersburgh meeting of the International Red Cross in 1902, and has been followed since with brilliant results both in France and Germany. It is important, also, to remember that the plan of an International Public Health Campaign, which is now promulgated by the League of Red Cross Societies on a broader and more complete scale than ever before, did not originate with it but with the organization known as *L'Office Internationale d'Hygiene Publique*, which has functioned since 1907, and represents the official action of several governments in international health movements since the year 1902.

23. The Red Cross

Remarks: The subject of the origin and activities of the Red Cross is considered here at length because of its historic background, which places it with those great humanitarian movements of the middle nineteenth century with which the history of the origin of nursing as a profession is so intimately bound up. The fact must, however, be emphasized that the work of the Red Cross, in peace as well as in war, is at all times ancillary and auxiliary to that officially carried on by the Governments of the countries in which it exists and functions, both through their Army Nursing Service and their official Public Health Agencies, and that the nursing profession itself is only indirectly concerned with the activities of the Red Cross as an auxiliary and supplementary force, in that in English speaking countries it has not, at least until very recently, itself supplied a training ground for the fully equipped professional nurse. But for these very reasons the debt is beyond computation which the nursing profession, with all humanity, owes to these great volunteer

agencies, which have poured out, from brimming hearts, and full hands, a wealth of giving that has met the necessities of a difficult and trying hour in a way and to an extent that unaided officialdom could never do.

Origin of the Red Cross

As will be realized by a backward glance at history, the spirit of the Red Cross is embodied in that doctrine of universal charity from which the art of nursing itself may be said to have emanated. The primitive Christian church taught that the care of the sick, irrespective of race, creed or condition, had a sacred claim upon humanity, and we find traces of the same idea manifesting itself through the succeeding centuries, especially in the work during the Crusades, of the Knights of the Order of St. John (see lecture IV.), whose hospitals, while organized for the care of the warriors and pilgrims of their own faith, received and tended Christian and infidel alike. The idea of an international neutrality for the wounded in war was, however, never definitely formulated until the middle of the eighteenth century. Garrison** points out in his History of Medicine that credit for the first official recognition of this principle as an essential feature of civilized warfare is to be given to Sir John Pringle, Surgeon-General of the English army from 1742 to 1758, who was a pioneer in military sanitation, and whom he describes as "the founder of military medicine and the originator of the Red Cross." Pringle states that "the suggestion was made before the battle of Dettingen (1743), by the Earl of Stair to the Duc de Noailles, that *'the hospitals on both sides should be considered as sanctuaries for the sick, and mutually protected.'* This was readily agreed to by the French General..... and the agreement was strictly observed on both sides throughout the campaign; and though it has since been neglected, we will hope that on future occasions the contending parties will make it a precedent."† Interesting confirmation of this important historical statement comes from another source; in the report of the Joint Committee of the British Red Cross and the Order of St. John of Jerusalem 1914-1919, p. 745, it is recounted that "On the eve of the battle of Hohenlinden, 1800, Baron Percy, the principal medical officer of the French army, drew up a memorandum in which he copied from an agreement made in 1743, during the Dettingen campaign, as follows: "I proposed this morning to General Moreau to form with the Chief of the Austrian army *the same convention which took place during the campaign of* 1743, *between the English General Stair and the French General Maurice de Noailles, to the effect that the hospitals, as well as the wounded, were to be recognized as inviolate, both the patients and the nurses.*"

* History of Medicine, by Fielding H. Garrison, Saunders & Co., 3rd Edition, 1921, p. 374.

† Quoted by Garrison, from "Observations on Diseases of the Army," by Sir John Pringle, London, 1752.

The Crimean war was the last to be fought under the old regime, before the Geneva convention and the framing of the Red Cross Society. In the shadow of those battlefields the work of Florence Nightingale was wrought out with a whole-hearted devotion that knew no distinction between English, Turk or Russian; and, in the presence of the still unredeemed horrors of the battlefield, Europe rang with its renown. The flood-gates of human sympathy were unlocked and the humanitarian impulse to an alleviation that had been demonstrated as possible and practicable was abroad. In the immediately succeeding years after her return, Miss Nightingale and her coadjutor, Mr. Sidney Herbert, were pushing to their permanent issues, in England, those elementary principles of military sanitation that had brought about, under her hands, such a marvellous decrease in the mortality of the Scutari hospitals. It remained for the man whose service has recently been recognized, by the conferring upon him of the Nobel peace prize, to definitely formulate and to gain international acceptance of the great principle that underlay her work. In a paper read in London in 1872, Henri Dunant said, "Though I am known as the founder of the Red Cross and the originator of the Convention of Geneva, it is to an Englishwoman that all the honour of that convention is due. What inspired me to go to Italy during the war of 1859 was the work of Miss Florence Nightingale in the Crimea." This acknowledgment was expressed also by the Congress of Red Cross Societies, held in London in June, 1907, to which Queen Alexandra sent a message referring to "the pioneer of the first Red Cross movement, Miss Florence Nightingale." The resolution read: "The great and incomparable name of Miss Florence Nightingale, whose merits in the field of humanity are never to be forgotten, and who raised the care of the sick to the position of a charitable act, imposes on the Eighth International Congress of Red Cross Societies the noble duty of rendering homage to her merits by expressing warmly its high veneration."

Henri Dunant, to whose initiative and enthusiasm the promulgation of the Convention of Geneva is to be directly traced, was a member of an old Geneva family of French-Swiss descent. Travelling as a tourist at the age of 31 in Northern Italy, he witnessed the battlefield of Solferino three days after the action, which had taken place on June 24th, 1859, between the French under Napoleon III. and the Sardinians under Victor Emmanuel I. against the Austrians; arrested by the terrible necessities of the wounded men, who lay on the field in the appalling number of 20,000, entirely neglected, in an extremity of thirst and hunger and with putrefying wounds, in a condition with which the scanty civilian population was totally unable to cope, he spent the succeeding days there and in the neighbouring village of Brestia, where thousands of wounded had taken refuge, in an attempt to help in the terrible situation.

(To be Continued)

Editorial

It is with a great deal of regret that nurses in Canada will see the application for retirement made by Matron-in-Chief Macdonald, and the long holiday in view of which she is promising herself. During those anxious and arduous years of the Great War, Miss Macdonald made herself not only an efficient head of the C. A. M. C., but endeared herself to all the military sisters by her thoughtful care and consideration, not only in a general sense, but by a personal interest in all the nurses overseas. Her work and many kindnesses will not be soon forgotten by those who saw and experienced them close at hand.

The strain of such work well merits a long holiday, and the best wishes of the *Canadian Nurse* magazine and its subscribers go with her. To the Editor, the loss means a very great deal. As shown by her announcement in the department reserved for the army sisters, she can no longer be responsible for the material for that department. So, unless we can obtain regular contributions for it, the department will, to the regret of the Editor, be forced to cease. Any suggestions or offer of help in order to carry it on will be much appreciated in the office of the magazine.

* * * *

One of the leading features of the American Nursing Association's Convention in Seattle in June was the reading of the report of the findings of the Rockefeller Foundation on the nursing situation, by Miss Goldmark, Secretary of the Committee for the Study of Nursing Education. This report was read by Miss Goodrich, and was listened to with the greatest attention. There were only a few copies available at the time, though the Editor understands that it is now through the press and that copies may be had. Through the courtesy of the *Pacific Coast Journal of Nursing*, we are reprinting the following:

As presented by Miss Goodrich, the report presents ten conclusions on the needs of nursing education for the conservation of public health in the United States. Briefly, these conclusions are sketches as follows:

Conclusion 1.—That, since constructive health work and health teaching in families is best done by persons:

(a) capable of giving general health instruction, as distinguished from instruction in any one place; and

(b) capable of rendering bedside care at need.

The agent responsible for such constructive health work and health teaching in families should have completed the nurses' training. There will, of course, be need for the employment, in addition to the public health nurse, of other types of experts such as nutrition workers, social workers, occupational therapists and the like.

That as soon as may be practicable all agencies, public or private employing public health nurses, should require as a prerequisite for employment the basic hospital training, followed by a post-graduate course, including both class work and field work, in public health nursing.

Conclusion 2—That the career open to young women of high capacity, in public health nursing or in hospital supervision and nursing education, is one of the most attractive fields now open, in its promise of professional success and of rewarding public service; and that every effort should be made to attract such women into this field.

Conclusion 3—That for the care of persons suffering from serious and acute disease, the safety of the patient and the responsibility of the medical and nursing professions demand the maintenance of the standards of educational attainment now generally accepted by the best sentiment of both professions, and embodied in the legislation of the more progressive states, and that any attempt to lower these standards would be fraught with real danger to the public.

Conclusion 4—That steps should be taken through state legislation for the definition and licensure of a subsidiary grade of nursing service, the subsidiary type of worker to serve under practicing physicians in the care of mild and chronic illness and convalescence, and possibly to assist under the direction of the trained nurse in certain phases of hospital and visiting nursing.

Conclusion 5—That, while training schools for nurses have made remarkable progress, and while the best schools of today in many respects reach a high level of educational attainment, the average hospital training school is not organized on such a basis as to conform to the standards accepted in other educational fields; that the instruction in such schools is frequently casual and uncorrelated; that the educational needs and the health and strength of students are frequently sacrificed to practical hospital exigencies; that such shortcomings are primarily due to the lack of independent endowments for nursing education; that existing educational facilities are, on the whole, in the majority of schools inadequate for the preparation of the high grade of nurses required for the care of serious illness, and for service in the fields of public health nusing and nursing education, and that one of the chief reasons for the lack of sufficient recruits, of a high type, to meet such needs, lies precisely in the fact that the average hospital training school does not offer a sufficiently attractive avenue of entrance to this field.

Conclusion 6—That, with the necessary financial support and under a separate board of training school committee, organized primarily for educational purposes, it is possible, with completion of a high school course of its equivalent as a prerequisite, to reduce the fundamental period of hospital training to twenty-eight months, and at the same time, by eliminating unessential, non-educational routine, and adopting the principles laid down in Miss Goldmark's report to organize the course

along intensive and co-ordinated lines with such modifications as may be necessary for practical application; and that courses of this standard would be reasonably certain to attract students of high quality in increasing numbers.

Conclusion 7—Superintendents, supervisors, instructors and public health nurses should in all cases receive special additional training beyond the basic nursing course.

Conclusion 8—That the development and strengthening of university schools of nursing of a high grade for the training of leaders is of fundamental importance in the furtherance of nursing education.

Conclusion 9—That when the licensure of a subsidiary grade of nursing service is provided for, the establishment of training courses in preparation for such service is highly desirable; that such courses should be conducted in special hospitals or in separate sections of hospitals where nurses are also trained; and that the course should be of eight or nine months' duration, provided the standards of such schools be approved by the same educational board which governs nursing training schools.

Conclusion 10—That the development of nursing service adequate for the care of the sick and for the conduct of the modern public health campaign demands as an absolute prerequisite the securing of funds for the endowment of nursing education of all types; and that it is of primary importance, in this connection, to provide reasonably generous endowment for university schools of nursing.

* * * *

Readers of the *Canadian Nurse and Hospital Review* will please bear in mind that the Government has recently, in force August 1st, 1922, placed a stamp tax of two cents (2 cts.) on cheques for every fifty dollars ($50.00) value. Every cheque above fifty dollars to one hundred dollars will therefore require four cents in stamps, with a similar increase for each fifty dollars. The special attention of those sending money to the magazine is drawn to this, and also to the exchange on cheques sent to this office from outside of Vancouver. This appears a small matter, but amounts to a considerable sum in the aggregate.

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Correction

In the article of "The Development of the Hospital for Sick Children, Toronto," there was an error in the date given on which the Training School was opened. The school was established in 1886, instead of 1866, as printed in the July issue.

The Nurse's Book Shelf

"Obstetrical Nursing," by Carolyn Van Blarcom, R.N., formerly Assistant Superintendent and Instructor in Obstetrical Nursing and the Care of Infants and Children, Johns Hopkins Hospital Training School. Published by the MacMillan Company, 64-66 Fifth Avenue, New York. Price, $3.00; 546 pages, 200 illustrations and eight charts.

A manual of Obstetrical Nursing, prepared for use in connection with Text Books on Obstetrics, by Nancy E. Cadmus, R.N., General Director of the Maternity Centre Association; graduate of the Presbyterian Hospital School of Nursing; former Superintendent of the Manhattan Maternity Dispensary; former member of the New York State League of Nursing Education. Published by G. P. Putmans Sons, New York.

It is interesting to note, in connection with the simultaneous publishing of these two books on Ostetrical Nursing, that up to this time there have been no textbooks written for nurses by nurses on this vital subject. These two books, taken together, should form the basis for theoretical teaching of Obstetrics. That this subject will be considered and taught in a more practical and definite manner after using these two books goes without saying. Both women recognize the greatness of the work and bring the nursing of mother and babe not only to a science, but, with a deep, reverent feeling, show that the life of the nation is in the keeping of the nurses caring for these cases. A conviction that this field has been neglected and that there is great need of skilful nursing to reduce the mortality of mothers and babies is felt by both Miss Von Blarcom and Miss Cadmus. The latter says: "Defective points in the ordinarily accepted training in obstetrical nursing may be noted as follows: 'The comparatively few prepared instructors and supervisors, the limited and uncertain time devoted to this subject because of multiplicity of duties, inadequate teaching personnel, difficulty in holding permanent and efficient supervisory workers and poor co-operation between supervisors and instructors'." Miss Cadmus' book is specially designed for the instructor in arranging lectures, classes, quizzes and demonstrations, using some textbook as the basis of instruction. One would wish that every instructor would use Miss Von Blarcom's book, with its full, clear, well-illustrated chapters. Miss Van Blarcom's painstaking study of technique in the principal hospitals of England, Canada and the United States particularly fits her to present the practical and theoretical aspects of this subject. The book is divided into sections, viz., Anatomy and Physiology; The Development of the Baby; The expectant Mother, The Birth of the Baby; The Young Mother; The Maternity Patient in the Community; and The Care of the Baby. It is hard to refrain from quoting at length from the introdution, showing as it does the true nurses' ideal of obstetrical nursing. She says, among other things, "We cannot

build a strong race with sick and maimed mothers and babies, and we can scarcely have other than sickly and maimed mothers and babies without care." "Apparently, then, our national health is in a large measure dependent upon good obstetrics, and good obstetrics includes good nursing." The nurse equipped with Miss Von Blarcom's textbook will be ready for all situations connected with care of mother and baby, and it will guide her in her professional work.

Letters to The Editor

The Editor regrets that two letters received recently for publication in the journal cannot be printed at present, as the rule of sending the name of the writer (not necessarily for publication, but as evidence of good faith) was not conformed to. If the correspondents will take this as notice and will send name and address, their communications will find a place in the magazine.

Dear Editor:

With due respect for some sound business advice presented to us in Mr. Bradley's letter, allow me, from a nurse's point of view, to endorse and criticise Dr. Musgrave's and Mr. Bradley's articles respectively, also to explain why some of the latter's suggestions would prove ineffectual if applied to "the great and important industry of caring for sickness and maternity;" one might also add of "dependency."

First, while entirely agreeing that many, very many, fully appreciate "the honest repugnance felt by the ordinary plain citizen" against "our charitable and semi-charitable methods," alas! too few realize how serious the situation really is or how urgent the need of adjustment.

This "great and important industry." This most humane of all human efforts remains in a condition of "unsatisfactory accomplishment"—a state of chronic "financial distress"—because relief, adequate relief, will come only when we "resort to government" or state collection and distribution of funds for a health service. We may call it "state subsidies," "state insurance." Yes, call it what you will, in the end it is **money**—actual dollars and cents—that will supplement or provide a percentage of the costs and maintain a working balance in cash for all public health service, including medical and nursing care of the sick and dependent, preventative, instructive and remedial.

Again, quoting from Mr. Bradley's letter: It is his suggestion that "two chief remedies, namely, (1) more extended resort to Government and taxpayers," (2) greater contributions from philanthropists is not the true way out." "The true way is what has proved the normal ordinary and effective way for nearly every organized effort to serve public needs." But has it? Did we succeed in selling the necessary education to the public, otherwise the "consumer?" Indeed no! We forced education upon many and compelled others to pay for it by one of the most satisfactory business systems on record, namely, taxation.

Funds for all organized health work and for the care of all state dependents will eventually be raised by a similar system; distribution of these funds will be by the same methods except that the "ordinary plain," self-respecting citizen will continue to pay a percentage of the costs of his family illnesses, also to contribute some part of the expenses of his family increases, granting that it is "good business to pay promptly for good service rendered," by which method many motor repair shops do profitable business. The work of caring for the broken-down, worn-out, under-nourished, decrepit bodies of the human family, together with the industry of bringing new and healthy members into it, is not a business at all, but is the work of art, of "mercy," which should

not be "strained" financially. Furthermore, this work did not suffer for recruits to "carry on" until we commercialized our methods. Please to understand, however, that to finance the work of adequately caring for the sick and of teaching health by good business methods, and to commercialize this work, are distinct and separate conditions. No nation has attained to the former state, and 'tis the "commercialism" of the present era that has so unsettled and distorted our system of caring for the sick and afflicted. The remedy or adjustment will not be found in sufficient funds alone, nor yet in a sounder business system, although, mark you, these are outstanding needs. Quoting Dr. Musgrave: "An edequate health service will be supplied by an appropriate, unselfish, well-conceived, well-co-ordinated, well-directed," and, allow me to add, "co-operative organization of devoted, well-trained members of the professions, Medical and Nursing." A percentage of the costs of this service will be borne by the "consumer," the balance, or an additional percentage, will be collected and distributed through the State Treasury. Only thus can we hope to eliminate superfluous, or, as Dr. Musgrave has defined them, "paper organizations of this organization-mad era."

In some of our larger cities there are at least ten or twelve nursing or "near-nursing" organizations, and innumerable health organizations of "social or philanthropic origin." Again quoting: "These exist in numbers because, 'physicians and nurses,' especially nurses, are being used by 'educational and political bodies and by persons for purposes that are too often unsound and visionary,' and, as further explained, "because we have not the power as individuals nor the character or organization to influence the situation." In justice to at least some members of the professions, I would like to alter that last phrase. We have the organizations; what we lack is the spirit of co-operation, also the power to influence not the situation but those individuals in our own ranks who are satisfied with conditions that hinder progress because of self-interest. In other words, readjustment might mean the loss of a smug position.

"The great cost of the prevention and cure of disease is not due to extravagant charges. The question is not whether a nurse receives $5.00 or $6.00 per day," but health work "as now operated," with dozens and hundreds of "independent elements,' (superfluous organizations), costs the public "far in excess of what it should, and it behooves all leaders (nursing, whether self-appointed or otherwise) to give serious consideration to this phase of our problems."

The overhead charges of a dozen organizations would be more than sufficient to finance the upkeep of a Central Bureau of Nursing, one that would cover the work of all women who are employed as nurses or who are engaged in public health work, (using the term in its broadest sense, that is (1) a department for nurses for private duty, meaning resident service in institutions and in the home; (2) a department for nurses for a visiting service, including Preventative, Instructive and Curative; also to supervise the work of the secondary or non-graduate group, including trained dietetic workers. The Public Health staff, as we know it, would then be reduced to school inspection and such service as covers a purely public service. That such a system will not meet the approval of many leading specialists, clearly however, the day is drawing when "Leaders of the professions engaged in prevention and cure of disease must recognize that we are all essential parts of the machinery required to function in mass action."

In the interests of public health, "God speed the day when we shall find it good again to be a nurse," and "The happiness of the world will take another long step in advance, because the professions recognize neither poverty nor riches," and "Nurse to nurse the world o'er shall sisters be, for all that." Yes! a'that and a'that, "Their dignity, and a'that."

M. H. GIBSON, R. N.

Will some one say, then why not ill for good?
Why took ye not your pastime? To that man
My work shall answer, since I knew the right,
And did it; for a man is not as God,
But then most Godlike being most a man.

Love and Duty.

Public Health Nursing Department

OFFICERS:

Chairman—Miss Florence Emory, 26 Algonquin Avenue, Toronto, Ont.
Vice-Chairman—Mrs. Hannington, 104 Sparks Street, Room 4, Ottawa, Ont.
Secretary—Miss Muriel Mackay, 190 University Avenue, Toronto, Ont.

Address public health news items from each province to the following representatives:

Nova Scotia
Miss Margaret McKenzie,
Department of Public Health,
Halifax.

New Brunswick
Miss Sarah Brophy,
74 Carmarthen Street,
St. John, N.B.

Quebec
Miss Lawrence,
207 St. Catherine St. West,
Montreal, Quebec.

Ontario
Miss Muriel Mackay,
190 University Avenue,
Toronto.

Manitoba
Miss Elsie J. Wilson,
798 Grosvenor Avenue,
Winnipeg, Manitoba.

Saskatchewan
Miss Nora Armstrong,
City Health Department,
Regina, Sask.

Alberta
Miss Elizabeth Clark,
Prov. Public Health Dept.,
Edmonton.

British Columbia
Miss M. A. McLellan,
1883 Third Avenue, West,
Vancouver, B.C

Public Health Nursing in Canada

In preparation for the 1922 annual meeting at Edmonton, a questionnaire was sent to the convenors of the public health committees of the various provinces, with the idea of securing a statement of the present status of public health nursing in Canada. The accompanying table was compiled from the replies. Other information, which does not lend itself to tabulation, follows, arranged by provinces:

	Prince Edward Island	Nova Scotia	New Brunswick	Quebec	Ontario	Manitoba	Saskatchewan	Alberta	British Columbia	Total
Victorian Order of Nurses	..	27	14	46	99	16	5	9	28	244
Departments of Public Health										
Provincial	..	14	7	0	19	50	17	21	4	132
Local	..	..	1	41	149	19	4	..	10	224
Departments of Education										
Provincial	..	..	0	0	12	0	14	..	0	26
Local	..	8	0	0	95	14	4	5	17	143

	Prince Edward Island	Nova Scotia	New Brunswick	Quebec	Ontario	Manitoba	Saskatchewan	Alberta	British Columbia	Total
Hospital Out-Patient Departments or Auxiliaries	..	2	2	19	9	6	..	..	2	40
Industrial Firms	..	1	1	27	22	8	..	..	1	60
Red Cross Societies—										
Provincial	3	..	0	0	2	0	9	..	7	21
Local	..	1	0	0	6	1	..	..	5	13
Other Agencies, Public and Private	..	14	2	..	59	8	4	7	..	94
TOTALS	3	67	27	133	472	122	57	42	74	997
Members of Provinc'l Associations	..	36	19	80	336	60	..	..	74	605
Non-Members of Provinc'l Associations	..	31	8	90	136	62	..	..	..	327
Members of Public Health Sec.,C.N.A.T.N.	..	36	16	50	252	60	34	27	67	542

Prince Edward Island

The Red Cross Society is still carrying on the public health work alone, for the Government. Although the Government has given credit for all that has been accomplished, no financial support has yet been given.

The work has had to be carried on rather differently from elsewhere, as there are no municipalities nor county councils. Our object is to interest the people from all parts of the Province so that they will assure the Government of their willingness to be taxed, in order that public health work may be carried on. It is expected that by next year public opinion will be strong enough to accomplish this.

The greater part of our work, at present, is being done among the school children, although in every district visited the nurse holds meetings and tries to get in touch with the families where there are infants, expectant mothers and tuberculosus patients.

During the winter months only one nurse was on duty, for, owing to the heavy snow, it was impossible to visit the schools, excepting in or near the larger centres.

Since the work was begun in March, 1921, 38 schools have been visited and 3205 children have been weighed and measured, received a complete physical examination, had their health habits checked up on their cards and been encouraged to change them according to their individual needs.

In every case the doctors living nearest to the schools have helped with the inspections gratuitously.

In addition to the parents having been notified by slips of all defects needing attention, the nurses have made 1338 calls to the homes of school childern as well as 635 infant, pre-natal and tuberculosis visits.

The home visiting has proved of great advantage, for some of the parents who paid little attention to the slips have, after a personal visit, been convinced of the importance of having defects corrected and been willing to co-operate with the nurse in encouraging the child to improve its health habits.

The home visits have, undoubtedly, been the means of changing the attitude of the people with regard to the work being done by the Red Cross. As elsewhere, meetings are usually attended by those least needing the information.

Where the children need to be operated on and the parents are unable to pay, satisfactory arrangements have been made with the three Island hospitals or with the local doctors.

So far only one Red Cross Health Centre has been started, owing to the scarcity of nurses. In August the centre in Charlottetown was opened for conferences one day a week and Saturday mornings. In the ten months

1,808 visits have been made by expectant mothers, mothers with babies or children, or by school children themselves.

The interest of the girls and boys in health habits has been most gratifying, for, although there is no organized Nutrition Clinic, we now average 250 monthly visits at the centre by the school children, who come regularly to be weighed and to have their habits checked up on their cards. During the winter, classes and demonstrations were given to the girls in home nursing and the care of infants and children.

The Red Cross had a health booth at the Provincial Exhibition last September, which proved quite a success, as it was visited by thousands of people who received literature and had the exhibit explained to them. Babies and children were weighed and measured and advice given to the mothers. Each day two doctors and a dentist were present during the afternoon, and talked to the mothers, individually and collectively, examining the children when requested to do so. On two evenings, addresses were given by Dr. Royer of the Massachusetts-Halifax Health Centre.

Nova Scotia

Total number of women other than graduate nurses employed as Public Health nurses in the Province: Two workers connected with public health work in this province and their duties chiefly of clinical nature.

New Work Organized During the Year

A day camp for delicate children was financed by the Halifax County Anti-Tuberculosis League last summer. This camp was held on Admirality Home property and was under the supervision of the Executive Officers of the Massachusetts-Halifax Health Commission.

In the past year there has been an increase in the staff of the Provincial Department of Health and the Massachusetts-Halifax Health Commission. In addition to the nursing staff, the Massachusetts-Halifax Commission appointed a visiting dietition last autumn.

New Work Contemplated for the Future.

It is anticipated that the public health centre which is being built by Dalhousie University shall be completed this year. This Health Centre will serve as an outdoor clinic to the various hospitals in that vicinity, namely, the Victoria General Hospital, Children's Hospital, Salvation Army Maternity, and the Halifax County Hospital for Advanced Cases of Tuberculosis.

A mobile clinic carrying a dentist, tuberculosis specialist, and moving pictures, is being equipped to begin work in Antigonish County next week. This clinic is being financed by the Municipality and the Red Cross Society, and it is expected that this work will be extended to all parts of the province.

Facilities for Training of Nurses for Public Health Work

(a) Graduate: A six months' course in public health nursing has been established at Dalhousie University at which only graduate nurses are admitted.

(b) Pupil Nurses: The pupil nurses from two training schools in the province are given a short period of training in Child Welfare work and district nursing.

New Brunswick

Total number of women other than graduate nurses employed as Public Health nurses in the Province. None.

New Work Organized During the Past Year.

In St. John city eight nurses are employed by the Victorian Order. General visiting nursing, kindergarten visiting and child welfare work carried on.

Four Well-Baby Clinics are now in operation in the city; three of those clinics have been opened during the year.

A "milk fund" for children up to two years of age was established by the St. John Women's Council, and the distribution of the milk was under the control of the Victorian Order Nurses. Collection milk cans are placed in all prominent buildings, such as hotels, theatre lobbies, etc., and generous contributions are being received. A tag day was held in April for this fund and a large sum was collected. A special fund is now available for supplying milk to sickly children over two years of age.

Through the generosity and co-operation of the Provincial Red Cross Society and the Victorian Order of Nurses, six nurses were trained in Public

Health work at the Victorian Order Centre, St. John, and are now engaged in this work in the rural parts of the province, under the supervision of the Department of Health. The Provincial Red Cross have financed the course of training and are paying salaries of nurses for one year; at the expiration of that period the community in which the nurse is working must maintain her.

Public Health exhibits and lectures were attractions at the autumn fairs held in three cities of the Province.

In April last a "tuberculosis case-finding campaign" was held in St. John under the direction of the St. John Association for the Prevention of Tuberculosis, the Provincial and Local Health Departments co-operating. A very intensive publicity campaign was carried out before the clinics opened.

Lung specialists from Nova Scotia, Prince Edward Island, and New Brunswick were in attendance at the four clinics opened in different parts of the city. Patients were examined free of charge and doubtful cases X-Rayed or fluoroscoped. In all about eight hundred patients were examined during the three days of the campaign.

Eight clinics for the control of venereal disease have been established by the Department of Health at different points throughout the Province under a medical supervisor. Each clinic was equipped by the Health Department and is in charge of a competent medical man.

A branch of the Provincial Laboratory has been opened in the Moncton Hospital under the Chief of Laboratories for the province; also a Well-Baby Clinic established and school and general nursing carried on by the Victorian Order nurses.

New Work Contemplated for the Future.

A free dental clinic is soon to be opened in St. John. Nutrition classes are planned for the future in connection with tuberculosis work.

The Provincial Department of Education have given permission for the introduction of the Junior Red Cross into the schools of the province at the option of the teacher.

Facilities for Training of Nurses for Public Health Work

A Public Health training course for graduate nurses has been carried out at the Victorian Order Centre in St. John. The General Public Hospital Commissioners are considering affiliating with the Victorian Order whereby the pupil nurses might obtain Public Health training. Lectures on Public Health are given in all the hospitals in the province to pupil nurses.

Health Week. The Minister of Health has arranged an elaborate programme for Public Health week, which will begin Sunday, June 4th. Medical authorities in the Dominion have been procured to address public meetings in all sections of the Province on subjects pertaining to community health.

During health week the Canadian Public Health Congress will convene in St. John. This congress will bring together representatives of the Canadian Anti-Tuberculosis League, The Social Hygiene, Public Health and other kindred organizations.

QUEBEC

There are a few women other than graduate nurses employed on public health work in Quebec, but the number could not be ascertained.

During the past year nutritional and child welfare clinics have been established in Montreal, under the auspices of the Child Welfare Association. This association plans to extend its activities in the fall by demonstrating the value of pre-natal, child welfare, and nutritional clinics, throughout the province.

As a result of the survey made by the Canadian National Committee for Mental Hygiene, the Protestant Board of Education contemplates establishing a special class for backward children. As far as facilities for training nurses for Public Health are concerned, McGill University has a course for graduate nurses.

ONTARIO

Total number of women other than graduate nurses employed as public health nurses in the Province, not known.

New Work Organized During the Past Year

The Provincial Department reports the following new activities:

A most interesting piece of work is developing in the northern part of the Province, taking in the country between Fort William and Winnipeg—and consists of four agricultural districts, in each of which a nurse is being placed with a supervising nurse over them all.

On account of the scattered nature of the population, it is planned to make every home a clinic. Rural work is being carried on in the district surrounding Sudbury. In Lanark County there are two demonstrating Public Health nurses who cover the entire country doing generalized Public Health nursing. This piece of work was undertaken at the request of the County Council of Lanark. A decision is to be made in June as to whether the work will be made permanent and the county take over the maintenance of the nurses.

Another nurse, taking Blenheim as her centre, is doing township work, doing generalized Public Health nursing. She has organized two remedial clinics where special attention is given tonsil and adenoid cases. A nose and throat specialist has been brought in at the request of the local doctors, who each give their own patients the anaesthetic when operations are performed. Local married nurses giving the nursing care, while the follow-up care is given by the Provincial Public Health nurse who organized the clinics. In all, forty cases were operated upon.

In Thorold an interesting piece of co-operative work has been tried out very successfully between the community and industry, the Public Health nurse visiting several industries and doing also the community work, with the exception of school nursing.

The Provincial Department of Education reports the appoinment of sixteen (16) new school nurses, making a total of 95 local appointments throughout the Province.

The City of Hamilton has recently appointed a full-time school Medical Officer and doubled their staff of school nurses.

St. Catharines, Stratford, Oakville and Secord school, County of York, have recently appointed school dentists.

The Red Cross is co-operating with the Ontario Department of Education by lending two nurses who are working in the County of Dundas, one for a period of six months and the other for three months. By using the services, also, of a Departmental nurse, the entire county is being covered.

The Ontario Junior Red Cross organization, in co-operation with the School Health division of the Department of Education, issues literature; this literature is issued quarterly and deals with matters of health and citizenship.

The Ontario division of the Red Cross has established a nursing outpost, which was opened in Haliburton County in February, 1922. The nurse in charge does generalized public health nursing and has available at the outpost two beds, to be used for emergency cases only. This is for purposes of demonstration, and it is hoped that the county will take over the work permanently.

The Provincial Government has recently appointed a nurse at St. Catharines in connection with the V. D. clinic. This makes the fourteenth nurse assisting at these clinics throughout the Province.

With the consent of the Ontario Public Health Committee, a sub-committee was formed of industrial nurses, who have been meeting regularly since November, 1921, in order to discuss problems which they feel are particularly their own.

New Work Contemplated for the Future.

It is planned this summer to have a doctor and nurse from the Provincial Department of Health make a tour of the entire Island of Manitoulin. General clinics will be held by them.

The intensive course for school nurses which has been held for several years by the Ontario Department of Education is being held again this year, from July 3rd to August 4th.

Facilities for Training of Nurses for Public Health Work

(a) The University of Toronto has established a course for the training of graduate nurses in Public Health nursing.

(b) Undergraduate nurses in the affiliated hospitals in Toronto receive a special medical social service course.

MANITOBA

New Work Undertaken

The Nurses of the Winnipeg city schools have been able to keep closer observation of all T. B. cases and contacts among the school children by means of co-operation with the City Health Department.

Winnipeg General Hospital Social Service

Since August, 1921, one of the workers of the department interviews all patients admitted to the Out-Patients Departments. It has proved a great saving in time, both for doctors and patients.

Brandon Red Cross District Nurse

Pupil nurses in their senior year from Brandon General Hospital now receive training with the district nurse.

Victorian Order of Nurses

This year has added one mother's helper to the staff. Her duties are to take, as far as possible, the place of the sick mother, caring for the children, housekeeping, etc.

Manitoba Provincial Board of Health

Child Welfare Stations established during the year, 11; Dental clinics, 2, in various parts of the Province.

In October, 1921, regulations were passed providing for the licensing and inspecting of maternity, boarding homes, and day nurseries in the Province, under the direction of the Provincial Board of Health. In the City of Winnipeg the department co-operates with the City of Winnipeg Board of Health in carrying on the work, thereby eliminating duplication of effort and yet maintaining uniformity of standards throughout the Province.

At the beginning of January, 1922, progress was registered in the appointment of a doctor to visit each nursing station in unorganized territory monthly where clinics are held, and the sick are visited in their homes. The expenses in connection with the appointment are met by the Provincial Government and the Provincial Red Cross Society.

As a result of reports sent in by the Public Health nurses, indicating the great need for some dental service in rural districts, a senior dental student was recently given a permit by the Dental Association to practice, and was appointed by the Junior Red Cross Committee to hold dental clinics in various parts of the Province where there are no dentists practising. His reports show that his work is greatly appreciated. Where possible, nominal fees are charged the people for the service.

New Work Contemplated for the Future

None of the reports show outlines of new work being definitely undertaken in the immediate future. Without doubt every organization and association is being held back from branching out into new work by the present financial stringency.

Facilities for Training of Nurses for Public Health Work

(a) Graduate. At present the only training given is by each individual organization when employing new nurses.

(b) Undergraduates. Pupil nurses from the Winnipeg General Hospital and Children's Hospital receive training in District nursing with the Margaret Scott Nursing Mission, and from Brandon General Hospital with the Red Cross organization.

Saskatchewan

At the present time many agencies are engaged in important phases of Public Health work in this Province: Provincial and local Public Health Departments, Provincial and local Departments of Education, Department of Indian Affairs (Federal), Saskatchewan Division, Canadian Red Cross Society, Soldiers' Civil Re-establishment Department.

Union Hospitals—Union hospitals are in operation in ten districts, 18 hospital districts have been established and preliminary organizations begun in 24 districts. The cost of construction and maintenance of the Union Hospitals is so arranged that taxation is very light—a little over 2 mills on the dollar, or roughly $5.00 per quarter section per annum.

Trachoma—Two nurses with special training in eye diseases are employed for this work. It is interesting to note that in a survey made in the Mennonite Settlement of Hague, of 2,300 cases examined 110 were found to be suffering from the disease, while in a re-examination in certain districts the disease was found to be practically non-existent.

Venereal Disease—Six free dispensaries for the treatment of venereal disease have been established and three nurses are employed. Examination is made of all prisoners admitted at provincial gaols and, if necessary, treatment given. During 1921, 751 prisoners were examined, and of this number 80 were found to be suffering from the disease.

Home Nursing—Short courses in home care of the sick are given throughout the province. Two nurses are engaged in this work.

Child Welfare—During 1921, child welfare clinics were held at 21 places, when 852 children were examined.

The following clinics are held in district centres: Well-baby Clinics, three times weekly; Pre-natal Clinics (begun in 1921), held in the General Hospital weekly; Chest Clinic (begun in 1920), held in General Hospital weekly. During 1921 the attendance of these clinics totalled 4,119.

Two nurses are employed in this Department. Until recently the work was mainly home visiting and care of sick babies. In 1922 a Community Health Clinic was established, where regular clinics are held.

One nurse is employed and one weekly baby clinic held.

School Hygiene—This Department employs 14 nurses. The unit of activity is for the most part the School Inspectorate. Travelling by car with the school inspector, the nurse reaches all rural schools. Towns and villages on railway lines are visited during the winter.

A specially qualified nurse, who is also a fully trained teacher, is attached to the staff of the Normal Schools in Regina and Saskatoon. As well as supervising the health of the students, regular lectures are given on Personal and School Hygiene, Physiology, First Aid and Home Nursing. A similar course is given by this Department, in July of each year, at the Summer Course for Teachers at the University of Saskatchewan.

Hygiene has been made a compulsory subject on the school curriculum from Grade 1 to Third Year High School.

Addresses are delivered on health topics at teachers' institutes, trustees' and teachers' conventions, school fairs and mothers' meetings, and at every opportunity exhibits of up-to-date hygienic class-room equipment are made.

Medical Inspection in City Schools—Eight nurses are employed for physical examination in Regina, Moose Jaw, Saskatoon, Prince Albert and Weyburn.

An Eye, Ear, Nose and Throat Clinic for free treatment has been in operation since 1914, co-operating with the local Public Health Department. A Medical Clinic was added in 1921. Much special work has been done in nutrition. Free dental service is provided in Regina and Saskatoon.

Since 1921, four nurses have been employed by the Department of Indian Affairs, to make regular visits at the boarding, industrial, and day schools, as well as the reserves in the three prairie provinces.

Schools—When visiting the schools, attention is paid to the sanitary condition of the building, to the food and clothing of the children, and a physical examination is made of each Indian child. General advice as to improving of school room conditions is given and provision made for all cases requiring special medical or surgical treatment.

Reserves—A house-to-house visit is made on the reserves. The Indian women are instructed in the importance of cleanliness, its effect on health, and are particularly taught to properly care for and feed their children.

Reports of the work performed by the nurses go to show that the object of the Department, which was to make a real effort to improve the living and health conditions of the Indians, is meeting with a large measure of success.

In connection with the Indian work, six field matrons are employed. They are not trained nurses, but they assist in the care of the sick, and give instruction to the Indian women in bread-making, knitting, sewing, etc.

Saskatchewan Division, Canadian Red Cross

Outposts—As a part of its peace-time jolicy, the Saskatchewan division of three or four beds to provide nursing service for people living in remote parts of the province, far removed from doctors, hospitals and nurses. The people of the district provide a suitable building, which the Red Cross furnishes and equips, places a registered nurse in charge and bears all costs of operation for two years. Six outposts are in operation, while appropriation has been voted for four more. District nurses are maintained at certain points where outposts have not been established. The Red Cross Society has eight nurses in its employ.

Scholarships—Red Cross Nursing Scholarships of $100 each are offered to High School or College students having a certain academic standing who will enter a Hospital Training School in the Province. Five such scholarships have been awarded.

Nursing Housekeepers—Acting in co-operation with the Registered Nurses' Association, the Red Cross has been instrumental in establishing a course of training for Nursing Housekeepers, which scheme is financed by the University of Saskatchewan, the Saskatchewan Registered Nurses' Association, and the Red Cross Society. Nine nursing housekeepers have been graduated to date and 15 are now in training.

Junior Red Cross—A registered nurse is employed by the Red Cross Society as Director of Junior Red Cross.

Junior Red Cross Society—The object of the Junior Red Cross Society in Saskatchewan is to promote in every way the necessary treatment for every sick or crippled child whose parents are financially unable to care for him in this way.

There are now 1,050 Junior Red Cross Societies, with a membership of 42,500, whose annual membership fee of 25c, together with money raised in various ways, such as concerts, picnics, etc., provide the money to pay for treatment for less fortunate children. Applications for treatment have been received for 695 cases, and to date 500 cases have been looked after.

In 1921 two fully equipped dental cars were sent out to rural and village schools in the province which are remote from dental service. A small fee is charged children whose parents can afford the treatment. All other cases are treated free. Already 1,650 children have been treated by the Junior Red Cross Dentists.

Department of S. C. R.

Two nurses are employed by the Department of Soldiers' Civil Re-establishment. Their work is mainly follow-up work with returned soldiers who have had Sanitarium treatment.

There are 400 such cases in the Province. Visits are paid three or four times yearly, and instructions given the patients and their families as to the care and precaution necessary to insure complete recovery.

ALBERTA

In order to grasp the growth of Public Health work in this portion of the Dominion, we must retrace our steps to the commencement of the nineteenth century—before the birth of this Province to the days when the North-West Territories spelled the Hudson's Bay Company, a few daring travellers and explorers. If we pause to think for a moment, it is small wonder that this City of Edmonton holds such a store of valuable records left by men of science, traders and chance travellers, as well as a wealth of reminiscenses in the minds of "old timers."

From a geographical point of view, Fort Edmonton gained a natural strength. Situated on the banks of the Saskatchewan River, it became the centre or depot for trade and travel carried on by the navigation of many waterways. To this northern fort came the packer and trader.

In searching early Hudson's Bay records, it is found that a doctor was stationed at each Fort. We know that only the sound in health, mentally and physically fit, arrived at these isolated parts, and sickness and disease were pratically unknown, but epidemics of smallpox and scarlet fever ran rife among the Indians.

As early as 1820 an observation of interest is recorded by Sir John Franklin on the prevalency of goitre among Indian women in the vicinity of Fort Edmonton and the banks of the Saskatchewan River. I merely mention this as an interesting fact—it remains ancient, not present history. With the aggression of the white man, we find recorded daring tales of self preservation among the first settlers scattered here and there in this, then, formidable north—succouring one another in distress, each man and woman became public health workers when public health meant public safety, and the latter state had a more literal meaning than we think of it to-day.

The vanguard of public health has ever been the medical missionary. The first records we get of organized work conducted by women in this portion of the country is the account of the wonderful labours carried on by the Grey Nuns of the North—too much in praise and commendation cannot be said of these noble women who risked so much that they might relieve the sufferings of others. They established a hospital at Fort Providence as early as 1867, taking a complete dispensary with them and having one yearly visit from a doctor. We find scattered over the country bodies of women representing different religious organizations, facing hardships and privations in their endeavour to safeguard the health of the people. An appeal came, under the auspices of the

Presbyterian Missions in 1905, for a hospital that would minister the needs of the foreign settlement of 45,000 immigrants adjacent to Vegreville. In 1906 the Rolland M. Boswall Hospital was opened in Vegreville, endeavoring to cope with the needs of the largest Galician colony in Canada. In 1909 the late Mrs. Agnes Sorrell Forbes commenced the work of the pioneer hospital in Grande Prairie,—a caboose and tent kitchen comprised the structure of this institution. Alone she carried on a magnificent work, which terminated in the erection of a fully equipped modern hospital.

The aforementioned groups of workers are only a few of many corresponding organizations scattered throughout this country; existing conditions created every nurse a district nurse; the trail, tepee and log cabin alike comprised her districts, the limits of which were the border on the south and the Arctic Seas on the north.

The first records we get of legislation for Public Health in the North-West Territories were in 1877, when an ordinance was passed by the Lieutenant-Governor-in-Council respecting Infectious Diseases, and in 1883 an ordinance was passed respecting indigent children. On November 29th, 1890, at the Legislative Assembly of the North-West Territories, an ordinance was passed to incorporate a General Hospital at Calgary, and in 1892 an ordinance was passed respecting Public Health, which was introduced by Dr. Brett, the present Lieutenant-Governor of the Province of Alberta.

The Public Health Nursing Branch came into existence on April 1st, 1918, under the supervision of the Department of the Provincial Secretary. In the spring session of the year 1919 the Public Health Department was created.

It is a matter of pride to Albertans that this Province was the first in Canada to arrange a course in Public Health nursing for her school inspection nurses before the actual University recognition was given.

We arrive at the present year with thirty nurses on the Public Health staff; our work is so diversified as to cover a wide range of activities; briefly it may be described as follows:—Medical inspection of schools, child welfare clinics, travelling lecturers, teaching "home nursing" and "first aid" to the agricultural students, nurses doing district work in isolated parts where there is no doctor—the latter have special obstetrical qualifications.

The predominant feature of our extension work for this year is the opening up of districts in our foreign speaking settlements. Two of our Public Health nurses will work among these new Canadian citizens, which are comprised principally of Ukrainians. These people take most kindly to the work of a nurse and are eager to accept our Canadian teachings.

It would be difficult to bear emphasis upon any particular branch of the work. A feature that is ever prominent and demands our first and last attention is our Child Welfare Clinics, which embrace the triple heading of pre-natal, infant and pre-school age. The ultimate effort of the nurse is to reach mothers and babies in her district through whatever channels present themselves.

It is perhaps necessary to draw your attention to the fact that the work of the nursing branch of the Public Health Department is all carried on in the rural portions of the Province. The work of the clinic is found invaluable and the response most gratifying. By means of the school inspection and nurses' follow-up work, clinics are readily established in each Public Health district. In addition to this, through the medium of the Soldiers' Settlement Board, instructions have been given to wives of returned men at various centres throughout the Provinces.

A demonstration train, under the Department of Agriculture, made a trip to the north country. A special feature of this train was the lectures and demonstrations given by one of our nurses to both school children and adults, the audience being most appreciative.

A word about our district nurses: As they constitute the health centre for the district, establishing clinics for infants is part of their routine work.

The drought stricken area of the south has claimed special attention; four nurses were stationed there doing survey work and occupying themselves in any capacity in which the services of a nurse could be helpful to the people. The result of this survey has been the means of bringing material relief to these sorely pressed settlers, and provision made for the proper medical care of children, who, through the misfortune of existing circumstances, have been unable to obtain proper treatment.

I mentioned the fact that our work was restricted exclusively to rural districts. I must add the necessary exceptions: with the co-operation of the City of Edmonton, a Child Welfare Clinic is conducted twice a week during

the entire year. From the first of the year there has been an average attendance of 24, and 475 home visits per month have been made. A similar type of Clinic is conducted in Medicine Hat.

An evidence of the progress and interest in the well-being of our young citizens is obvious when we see around us the splendid type of schools and churches,—public health must ever go hand in hand and become part of our religious, educational and social status. We have the background and material with which to work; it is our duty to go forward and carry on.

British Columbia

Number of women engaged as Public Health nurses who are not graduate nurses, none.

New Work Organized During the Year

In connection with the Victorian Order of Nurses, well-baby clinics have been established in two centres. Victorian Order nurses are in charge and a child's specialist in attendance.

Two nurses have been appointed by the D. S. C. R. to do follow-up work of tuberculous patients in rural districts.

The Red Cross Society has established considerable new work in rural districts; classes in home nursing, first aid, and little mothers' classes for girls from 10 to 14 years of age have been organized. Emphasis is being laid on the conducting of home nursing classes, and, in order to carry such knowledge to the rural districts, an organizer is employed who spends about two weeks in a district. Her function is to stimulate interest in the organization of new classes. A first aid class for children, or a little mothers class, is held Saturday mornings. The organizer is followed by a travelling instructor, who conducts the classes. The instructor is supplied with a suit case with equipment for class work. One hundred and forty-five women are attending the classes in one district. Health exhibit windows are features which have been successfully developed by town nurses.

Special Public Health Training for graduate nurses is provided by The University of British Columbia, an eight months' course in Public Health nursing having been established by that University.

MURIEL MACKAY,
Secretary, Public Health Section, C. N. A. T. N.

WHAT SHALL I DO WITH THE MONEY?

Many a holder of the Canadian Government bonds maturing December 1, 1922, has been asking this question. The advertisement of the Minister of Finance supplies an answer. The investor, by giving notice to the manager of any one of the branches of a chartered bank, can arrange to get new bonds bearing the same rate of interest, the highest possible security and a liberal rate of interest.

GOOD INTEREST AND ABSOLUTE SECURITY

A liberal rate of interest with absolute security is the attractive offer made by the Minister of Finance to holders of the Canadian Government war loan bonds maturing December 1,1922. The offer is not made to investors generally, but only to the holders of the bonds soon to mature. The bonds to be retired, bearing interest at five and one-half per cent., will be exchanged for new bonds bearing the same rate of interest. See the advertisement of the Minister of Finance.

Private Duty Nursing Department

Secretary-Treasurer—Miss Bertha M. Fife, 320 Roncevalles Avenue, Toronto.
National Convenor—Miss Edith Gaskell, 397 Huron St., Toronto.
Convenor Press Committee—Miss Isabel Crosby, 97 Avenue Road,
Nova Scotia Representative—Miss Josephine Walsh, 41 Brenton St., Halifax, N. S.
Quebec Representative—Miss Florence Thompson, 165 Hutchison St., Montreal, Que.
Ontario—Miss Helen Carruthers, 34 Whitney Ave., Toronto, Ont.
Manitoba Representative—Miss Henrietta Sykes, 723 Wolsely Avenue, Winnipeg.
Saskatchewan—Miss Helen Cameron, 717 Dufferin Ave., Saskatoon, Sask.
Alberta Representative—Miss Agnes Kelly, 457 Twelfth St. N.W., Calgary, Alta.
British Columbia Representative—Miss Marion Currie, 2707 Hemlock St., Vancouver, B. C.

Annuities

By Edith Gaskell, Chairman, Insurance Committee of Ontario Private Duty Section.

There are two facts in life over which we have absolutely no control —we must all grow old and we must all die. The years of active service in our profession are fewer in number than in that of any other open to our sex. How necessary, therefore, and how wise that we should set out early in life to make some provision for the years of decreasing energy which must come to all of us, so that when we reach the sunset of life we may not find ourselves dependent upon that coldest of all things in this whole world—charity!

Every nurse knows how impossible it is, out of her precarious and ever-varying income, to save anything like a sum sufficient to provide for her declining years, and as it is only older nurses like myself who fully realize the financial anxiety that must come to all these young sisters of ours who are to take our places in the ranks of our profession, it is therefore our bounden duty to do everything in our power to see to it that they are fully advised as to the urgency of thinking of the years to come; and to put forth every effort to help them remove from their lives that sordid financial anxiety which must sap peace and pleasure from their existence.

In these days of financial strain, the necessity of making provision for one's old age is being brought home to almost everyone, as evidenced in the many appeals from ministers, teachers, etc., etc., for some sort of

proposal whereby even a small annuity or pension may be guaranteed to them in their declining years. Nurses, too, are awakening to the fact of this necessity, and the Ontario Private Duty Committee on Insurance decided to look very fully into the possibility of establishing a pension for Canadian nurses.

The only fund we found operating on a large scale at all was the Royal National Pension Fund for Nurses, of England, heavily endowed by private individuals and operated solely for the benefit of the nurses. In England, too, many hospitals take out a pension for each pupil nurse when she enters their school, deducting the small premiums from her monthly salary; thus, when she leaves the training school, she is started out with a small savings account, and a valuable habit has been forming for three years. Might not Canadian hospitals do well to consider such a scheme for the benefit of their nurses? And why should our pension scheme not be endowed as theirs is by philanthropic and wealthy individuals who realize that a nurse's fee falls far, far short of any adequate remuneration for her services? At first it was thought that perhaps we might enter this fund, but it seems it is open only to graduates of the British Isles. We then turned our attention to our own insurance companies to see what they might do for us, and we took the various proposals of the R.N.P.F. to Mr. May, the Manager of the Sun Life Assurance Company, and one of the most expert actuaries in Canada. He was greatly interested, and, after looking it over, he said he believed he could make us a better proposal, offering us cheaper rates, and in a couple of weeks he submitted to us the proposal you have before you; and as he promised, it is superior to that of the R.N.P.F. The Sun Life, I may add, writes more annuities in England than do any of the English insurance companies.

We had been advised by many that there could be no possible use in our asking the Government to do anything for us, but as the Government boasts that no other company can compete with them in the matter of pensions, we decided that, now that we had so good a proposition from the Sun Life, this was the proper time to approach them. We accordingly wrote Dr. Helen MacMurchy, and Professor Cameron, who is our never-failing friend and adviser, who wrote to Mr. Bastedo, Superintendent of Annuities at Ottawa, asking their opinion as to the probability of receiving any help from the Government in the matter of a pension. They had a conference, and Mr. Bastedo, although very sympathetic himself as to our scheme, feared the Government, which was already over-burdened with just such demands, would be unlikely to consider us at all. However, he said that if we would lay our case before him clearly in writing, he would promise to bring it before the Minister at as early a date as possible. This we did, sending him at the same time the excellent proposal of the Sun Life; and in less than a month we had a pension proposal from the Minister at Ottawa, much more favorable to us than that of the Sun Life.

Now let us compare the two proposals:

(1) In event of death prior to age 55, all contributions, along with four per cent. compound interest, are returned by the Government;

In the Sun Life, the first year's contributions are deducted and there is no interest at all allowed. If the Sun Life were to allow four per cent. compound interest, their rates would be even higher than they are;

(2) The Government pays the first payment so soon as the annuitant reaches 55; the Sun Life not until thirty days after;

(3) The Sun Life pays annuities in forty-five different countries; the Government in all parts of the world, and the cheque is sent so that it reaches the annuitant as nearly as possible on the date on which it falls due;

(4) The Sun Life allows the withdrawal of all contributions except those of the first year; the law compels them to do so. The Government allows of no withdrawal. The difference in the rates will show you what you have to pay for the privilege of withdrawal, which really destroys the whole object of the pension;

(5) If the annuitant should marry, the government allows the contract to be converted into a last survivor contract on their joint lives.

DOMINION GOVERNMENT ANNUITIES

PROPOSAL TO PROVIDE A PENSION FOR THE MEMBERS OF THE NURSING ASSOCIATION.

The pensions to be based on a unit of $10.00 per month, commencing at age 55, or an even number of years from the date on which the first payment on account of the purchase was made. For example, if the first payment was made on her 25th birthday, the first payment of annuity would fall due on her 55th birthday. If the first payment of the purchase money was made when the annuitant was 25 years and 3 months old, the first payment of annuity would fall due when she was 55 years and 3 months old.

In the event of the annuitant's death prior to age 55, all contributions made will be returned to her legal representatives with 4% compound interest.

If at the date fixed for the annuity to begin the annuitant has not a sufficient amount at her credit to purchase an annuity of not less than $50, all payments made with 4% compound interest will be returned to her in a lump sum.

In the event of death between ages 55 and 56, the unpaid balance of one full year's pension will be paid to her legal representatives.

The purchaser is not confined to paying the premiums as stipulated, but may increase the amount at her convenience if she desires to do so.

There is no penalty if the annuitant should fall in arrears in making payments, but the arrears may be made up either by a lump sum payment or by increasing the monthly premium to be spread over the remaining years of the contract.

Withdrawal of payments is not permitted. It is considered that this is a weakness in any pension scheme, as, in 99 cases out of 100, payments would not be restored, and the object of the purchase, namely, to make provision for old age, would be defeated.

The annuitant could have her annuity begin at any age desired provided the payments she had made would buy her an annuity of not less than $50 at her then age.

If annuitant should marry, the contract may be converted into a last survivor contract on their joint lives.

Annuity cheques are sent to all parts of the world, and in time to reach their destination on date payable.

For table of rates, see attached sheet.

S. T. BASTEDO, Superintendent.

Age	Annual Premium for an Annuity of $10 per month	Monthly Premium	Age	Annual Premium for an Annuity of $10 per month	Monthly Premium
25	$26.92	$2.25	38	$ 63.68	$ 5.31
26	28.50	2.38	39	69.16	5.77
27	30.20	2.52	40	75.37	6.29
28	32.05	2.67	41	82.51	6.88
29	34.06	2.84	42	90.77	7.57
30	36.24	3.02	43	100.44	8.37
31	38.62	3.22	44	111.91	9.33
32	41.22	3.44	45	125.71	10.48
33	44.06	3.68	46	142.62	11.89
34	47.21	3.94	47	163.80	13.65
35	50.69	4.23	48	191.09	15.93
36	54.54	4.55	49	227.54	18.97
37	58.85	4.91	50	278.65	23.23

SUN LIFE ASSURANCE CO.

PROPOSAL TO PROVIDE A PENSION FOR THE MEMBERS OF THE NURSING ASSOCIATION.

The Pensions to be based on a unit of $10.00 per month, commencing at age of 55.

Members will be allowed to take a pension equal to any multiple of $5.00, with a minimum of $10.00 per month.

In the event of death prior to age 55, all contributions made will be returned.

In the event of death between ages 55 and 56, the unpaid balance of one full year's pension will be paid. We could vary the proposal and guarantee the pension for a number of years, but it will materially increase the deposits which will have to be made.

In the event of withdrawal, all contributions except those of the first year will be returned.

The deposits can be made monthly or annually in advance.

The rates quoted below are for a pension of $10.00 per month, the first pension payment to be made thirty days after the member reaches age 55:—

Age	Annual Premium	Monthly Premium	Age	Annual Premium	Monthly Premium
25	$29.70	$2.50	38	$ 70.45	$ 5.90
26	31.50	3.65	39	76.45	6.40
27	33.40	2.80	40	83.35	6.95
28	35.45	3.00	41	91.20	7.60
29	37.50	3.15	42	100.30	8.40
30	39.95	3.35	43	111.00	9.25
31	42.60	3.55	44	123.55	10.30
32	45.50	3.80	45	138.70	11.60
33	48.65	4.10	46	157.25	13.10
34	52.15	4.35	47	180.40	15.05
35	56.10	4.70	48	210.30	17.55
36	60.30	5.05	49	250.10	20.85
37	65.10	5.45	50	305.90	25.50

Annual Report of the Ontario Private Duty Nursing Committee, 1922

It is with mingled feelings of encouragement and disappointment that the Ontario Commttee presents its first annual report. Encouragement because of the keen and widespread interest that has been aroused among the Private Duty nurses of Ontario in matters pertaining to their profession; disappointment because it was left to the Ontario Committee to bear almost the entire expense of organization, and this, after all the other provinces had approved of the one dollar fee, the National Committee rightly expected would defray all expenses and still leave a substantial surplus to provide a programme for the National Convention, help pay the expenses of the officials, and for the undertaking of any new work entailing the necessity for funds.

However, through the generosity of the Ontario Provincial Association, the Private Duty Committee was given a sum of $250.00 to help defray the expenses of the Private Duty Committee, in addition to a sum of $100.00 most generously voted to the National Convenor of the Private Duty Section to help defray her expenses to Edmonton, the balance of her expenses being paid by the Private Duty nurses of Toronto.

The finances of the National Committee are still burdened by a deficit, and this we feel should in all fairness be paid by the other provinces and not by Ontario, who has already paid more than her share.

In October the Provincial Committee called for a general meeting of all the Private Duty nurses, at which the history of the organization of the section, its aims and its plan of work were fully presented by the National Convenor. It was a large and enthusiastic meeting, there being 500 nurses present, and we report with pleasure that the fourteen following meetings which have been held have been equally harmonious and enthusiastic.

For the reason that the application forms and by-laws did not reach the other provinces until the first of the year, it has fallen to the Ontario Committee to provide the material for the magazine, but now that all the other provinces have organized their committees, we have assurance of contributions from all of them.

As the question of insurance for nurses has been arousing a good deal of interest during the past year, the Ontario Committee decided to go into the matter as fully as possible, and many meetings of the Special Committee on Insurance were held, with the result that many offers of special policies for nurses at reduced rates were secured, and the whole subject placed very fully and clearly before the nurses by competent insurance people. Already a goodly number of nurses are taking on various forms of insurance, especially sickness and accident. In addition to this, the Ontario Committee, through the kindness of Doctor Helen MacMurchy, of Ottawa, and Professor Irving Cameron,

for many years Professor of Surgery in the University of Toronto, who used their influence in our behalf, we were enabled to secure from the Dominion Government a very special proposal to provide a pension for all members of the nursing profession, copies of which proposal will be sent to every member of the nursing associations.

The Sun Life Assurance Company of Canada also did for the nursing profession what has never before been done in the history of insurance, in that it also offered a special proposal for a pension for nurses, and these two proposals will be presented during this morning's programme.

In pursuance of its plan to endeavour to do something to provide a better nursing service for the sick, the committee decided to try to institute in connection with the Central Registry of Graduate Nurses, Toronto, a body consisting of over 1000 members, a system of hourly nursing whereby the services of the skilled nurses might be brought within the reach of those people of moderate means who would not care to ask for the services of the Victorian Order of Nurses, and yet who could afford to pay perhaps for two or three hours' service. Before doing this the medical profession was widely consulted as to the possible damand for such service, and they expressed themselves as greatly pleased with the proposed scheme. The Victorian Order of Nurses, too, was also consulted in order that their province of work should not be encroached upon, and we were assured by them that we would not be doing so in any case, but rather, on the contrary, be supplying a long-felt want of the middle classes which they were unable to fill.

The system of hourly nursing has worked out very successfully, and the Ontario Committee is now hoping that other registries may follow the example of the Central Registry of Graduate Nurses, Toronto.

For the first time the Private Duty Committee had the privilege of presenting a report at the Graduate Nurses' Provincial Association, in which they proposed the following resolutions:

1. That the Graduate Nurses' Association of Ontario be asked to finance this Private Duty Committee as it does its other standing committees:
2. That each affiliated association be asked to appoint one member to communicate with the Provincial Private Duty Committee upon all matters in connection with the Private Duty nurse:
3. That this Private Duty Committee would strongly suggest that all hospital superintendents be asked to discontinue the practice of placing student nurses on special cases and collecting a fee for her services while graduate nurses are available, which is not in the interest of the student nurse, the patient or the profession;
4. That the suggestion of special clinics for graduate nurses was referred to the Private Duty Committee for consideration;

all which resolutions the Ontario Committee are earnestly hoping will be passed by all the other provinces.

Department of Nursing Education

Affiliation of Schools of Nursing

The subject of the affiliation of hospitals is one that has received much discussion of late years. This is chiefly due to the fact that it is part of the great educational movement which has more or less revolutionized the nursing world during the past quarter of a century.

Hospitals are realizing more and more that if they are to aim at giving a 100% efficiency of service to the public, among other things they must prepare their nurses to meet the ever growing demands of the various nursing fields which have been called into existence by the needs of the hospital, the doctor, the patient and the community.

Hospitals vary in capacity and purpose—from the large general hospital with its 200-1000 beds and its splendid opportunities for the training of pupil nurses to the small hospital with anywhere from 30 to 100 beds, and its limited capacity as a training school.

We cannot all train in the large, well-equipped general hospital, because the proportion of these is less than 10% of the total number of hospitals, that is to say, of the various hospitals in the country over 90% are hospitals with less than 100 beds.

In the small hospital, the extent and thoroughness of a nurse's training depends a great deal on the type of Superintendent, but even in the most favorable cases the training in these must be narrow and one-sided because of the limited number of patients that the hospital can accommodate.

Chiefly, to fill in this blank in the training of the "small hospital" nurse, the method of affiliation was first adopted, and to-day we find it playing an important part in many of our training schools, both large and small. This arrangement is still far from being perfect, but with all its present limitations it is undeniably one of great educational value and one which most of our hospitals owe to their nurses-in-training as a matter of justice.

In most cases the length of training is three years. I think that most of you will agree with me that at the end of that time a nurse should have acquired a sound theoretical and practical knowledge of general nursing, and I would also add, some knowledge of any specialized branch of the work that she may want to follow up.

Looked at from the point of view of the small hospitals, one of the greatest difficulties of affiliation seems to be the difference in education standards. In order to make affiliation possible, it is necessary to get pupils with as high education qualifications as that of the hospital with which it is affiliating.

Superintendents tell us that it is very often impossible to attract the desired type of girl to the small hospital, but in this case affiliation supplies the very need which it creates. In all small communities we find the well-educated type of girl who desires to take up training somewhere near her home, yet who hesitates to do so in the small hospital because of the limited training which it gives. When that hospital can promise a six or a twelve months' affiliation in one of the large hospitals, and perhaps a course in contagious diseases or public health work besides, it immediately becomes much more attractive to the applicant, and in consequence has more applicants and a better type to choose from.

Whether an affiliating nurse receives all that she should in the way of training from the large hospital or from the special hospital depends to a great extent upon the amount of sympathy and co-operation that exists between the Superintendents of the two schools.

Too often, schools affiliate without sufficient understanding of the needs of the one and the abilities of the other to meet those needs, and so we have duplicating of both theoretical and practical instruction in one or more subjects, and omission of any kind of instruction in certain other important phases of the nursing work.

The superintendent of a school, desirous of complementing the training of her nurses through affiliation, should first make a close survey of the assets and liabilities of her hospital as an education factor, and, before entering into affiliation with any other school, make sure that that school understands and is in a position to meet these liabilities. When a small hospital can only supply an adequate training in, say, surgical and obstetrical work—as is too often the case—that hospital should see to it that the school with which it affiliates furnishes instruction in the care of children and medical cases. Special arrangements might also be made for training in one or more branches of elective work, such as tuberculosis, mental diseases, public health work, or executive work. Because of the fact that most of the lectures are usually given during the winter season, it is sometimes difficult for a hospital to give its affiliating nurses the proper theoretical instruction on the subjects in which they lack training, but I am convinced that, with a little closer co-operation between superintendents, the difficulty could be overcome.

Does affiliation destroy loyalty to the pupils own school? Speaking from my own experience with affiliation, I would say no—rather it increases it; after all loyalty in this matter is governed by sentiment rather than by comparative worth. A nurse may find that the hospital where she is affiliated has more efficient methods of doing work, but, instead of registering it up against her own school, she is only eager for the day when she may go back and introduce these better methods.

Now and then we come across the small hospital superintendent who expects her nurses to be given the best part of the training in different departments of the large hospital, even at the expense of that hospital's own pupils. At a glance one can see the unreasonableness of

that, for after all the large hospital owes more to its own pupils than it does to those who are merely affiliated with it.

Perhaps the greatest drawback of affiliation to the small hospital is the fact that the small hospital nurse is lost to her own school at a time when her services would be most valuable, that is, in her third year. But even here there are compensations, for what the small hospital loses in the third year services of the nurse, it, in a measure, makes up by being able to take its place among the ranks of those institutions that are contributing to the great forward march of nursing education; and, after all, the standard of a hospital's efficiency may be measured as truly by the type of nurse it produces as by the services it renders its patient.

So far, I have considered affiliation chiefly from the viewpoint of its bearing on the educational problems of the small hospital. But in this matter all our hospitals, large or small, are more or less affected, since not even our best schools can supply within themselves every branch of the training which the nurses of to-day must have in order to meet the nursing needs of the community.

As a whole, there is a very general neglect on the part of hospitals to provide for their pupil nurses a practical training in acute communicable diseases. This can be demonstrated by referring to any large registry for nurses, where it will be found that a large percentage of the nurses have registered against communicable diseases. Why? Because that phase of nursing was entirely left out of their training in their student days.

In spite of the prevalence of tuberculosis, and the vast need of nursing care among tubercular patients, there is still practically no effort being made to give the pupil nurse definite practical instruction in the nursing care of these cases. Surely this is a need that our hospitals would do well to meet by arranging for at least some of their pupils to have a special training in one or other of the best sanitaria for tuberculosis.

The need for special training in nervous diseases for the pupil nurse is equally great. A common criticism of the graduate nurse is her inability to take care of patients suffering from nervous diseases, to which, as one of our prominent neurologists has said, the nursing of all other diseases is as mere child play.

The public health field is another branch of nursing where the demand is far exceeding the supply. The trained nurse has become indispensable to community welfare. She has to deal not only with nursing problems, but also with social and industrial problems. She has to be nurse, advisor, instructor and friend all in one. In order to be a success, she must have training in that branch of the work, and too often that training is obtained after she graduates, and at the expense of the community.

Many of our hospitals still have not the inside facilities to provide

a social service training for their nurses, but in nearly every case they could obtain this necessary training outside the hospital through affiliation with some public health organization. It is being done by the few—it could be done by many more.

In conclusion, let us seek to encourage affiliation for all hospitals where affiliation is necessary to round out and to fill in the training of the pupil nurses; only by so doing shall we achieve the highest purposes of our hospital training schools; raise the standard of nursing education, and give the highest measure of efficient nursing service to the public.

JEAN HARRISON,
Instructor in Training,
Winnipeg General Hospital.

C. A. M. C. Nursing Service Department

With the question of her retirement from the C. A. M. C., and a prolonged holiday in view, Matron-in-Chief Macdonald, finds she is obliged to discontinue connection with the C. A. M. C. Department of the *Canadian Nurse*. She takes the opportunity of thanking all who have contributed from time to time, and expresses the hope that volunteers to "carry on" will not be lacking.

Hospitals and Nurses

NOVA SCOTIA

The following are the special clauses of interest to all Canadian nurses in the Act to Incorporate the Graduate Nurses' Association of Nova Scotia, recently passed by the Legislature of that Province:

"Only those persons whose names are entered in the Register as members of the Association shall be deemed to be qualified to hold themselves out to the public as registered nurses.

Every person, male or female, who is a member of the Graduate Nurses' Association of Nova Scotia at the time of the passing of this Act, and every person, male or female, who resides in and practises, or proposes to practise the profession of nursing in the Province; and is a graduate of an approved training school; and is of good moral character; and is at least twenty-one years of age; and has passed an examination before the Board of Examiners as provided by this Act, shall, on producing to the Registrar evidence satisfactory to the Executive Committee and on complying with the other requirements contained in this Act, be entitled to be registered as a member of the Association.

Persons who are registered as trained nurses in any other province or country which has substantially the same requirements for registration as this Province, and who are otherwise qualified, may, upon the approval of the Executive Committee, be registered without examination.

The Executive Committee shall waive the examination of any person possessing the other qualifications mentioned in this section who has graduated from an approved training school before the passing of this Act. who may graduate from an approved training school within three years from the passing of this Act.

For the purpose of this Act, the expression "approved training school" in respect of the graduation of any person prior to the passing of this Act, or within the period of three years thereafter, shall mean a school for the training of nurses attached to or operated in connection with a hospital giving a general training in nursing, and a systematic, theoretical and practical course of instruction in nursing extending over two years.

For the purpose of this Act, the expression "approved training school" in respect of the graduation of any person after three years from the enactment of this section, shall mean a school that is connected with a general hospital of at least fifty beds and gives an adequate course of instruction and general training for at least two years and six months, embracing medical, surgical, obstetrical and pediatric nursing, and the superintending nurse and supervising night nurse of such hospital are nurses registered or eligible for registration under this Act; or that is connected with a special or general hospital of not less than twenty-five beds, and gives an adequate course of instruction and general training as aforesaid, and the superintending nurse and supervising night nurse of such special or general hospital are nurses registered or eligible for registration under this Act, and such training school requires that such instruction and general training for at least six months of said period shall be in a training school which is of the class mentioned in the preceding clause, and which, with the training school connected with such special or general hospital, is affiliated for the purpose.

It shall be the duty of the Registrar to keep the register correct in accordance with the provisions of this Act and the rules and regulations of the Association, and the Registrar shall from time to time make all necessary alterations in the addresses and record of qualifications of the persons registered under this Act.

The Registrar shall mail to each member of the Association annually a report and financial statement of the affairs of the Association, and shall perform such other duties as may be imposed upon the Registrar by the Association.

Every member of the Association shall pay to the Registrar, or to any person deputed by the Registrar to receive it, such annual fee as may be determined by the rules of the Association, but not more than Ten Dollars, towards the general expenses of the Association, which annual fee shall be payable on the first Monday of September in the year for which the same is imposed, and obtain an annual certificate under the seal of the Association. The annual certificate shall state the qualification of the member as a registered nurse, and shall remain in force one year from its date. The annual fee payable under this section shall be recoverable as a debt due by the member of the Association. The name of any member not in arrear for annual fees may, on the written request of the member, be removed from the register, and the name of any member be replaced on the register without the passing of any examination and on the payment of $5.00.

The Lieutenant-Governor-in-Council may appoint a Board of Examiners to examine all candidates for examination, which Board and the examinations held shall be governed by rules and regulations of the Executive Committee. The said Board shall consist of four members of the Association, and also two members of the Nova Scotia Medical Society, to be appointed annually by the Lieutenant-Governor-in-Council, and each member of the Board of Examiners shall be entitled to receive from the Association, $5.00 per day and expenses while actually attending at or travelling to and from the place of examination.

The Board of Examiners shall hold meetings at least twice each year for the examination of applicants for membership in the Association. The Registrar shall, at least one month before the date fixed for the examination, give notice of the time and place of holding every such examination by publication of a notice thereof in at least two newspapers published in the Province, and at least one Canadian journal devoted to the interests of professional nursing.

and by mailing a copy of the notice to every applicant of whom the Registrar has notice, and to every approved training school in the Province.

The said Board of Examiners shall examine all such applicants as are required by this Act to pass an examination in elementary bacteriology, materia medica, anatomy and physiology, dietetics, medical nursing (including contagious diseases), surgical nursing (including gynecology), obstetrical nursing, and children's diseases.

Every applicant who passes before the Board of Examiners a satisfactory examination touching his or her fitness and capacity to practise professional nursing, and who has the qualifications required by and otherwise complies with the provisions of Section II. of the Act, and who pays a fee of Ten Dollars, shall be admitted to registration as a member of the Association, and shall have his or her name entered upon the register and receive a certificate of registration signed by the President and the Registrar, and shall be entitled to practice professional nursing in the Province, and to append to his or her name the letters "R.N." or any suitable words or designation showing that he or she has been registered in accordance with this Act.

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QUEBEC

MONTREAL

Miss Mabel Holt (class 1919) has resigned her position as practical instructor at Montreal General Hospital, and is sailing soon for her home in England. The nursing staff and student nurses presented her with a beautiful gold wrist watch before leaving, to show their appreciation of her past services. Miss Francis Reed (class 1912), recent graduate of McGill University, succeeds Miss Holt.

The Monument Memorial Fund is closing with over $7,000, the objective for the Province of Quebec up to July 10th. The graduates of the M. G. H. have sustained their reputation for giving by claiming $1,809 of the foregoing amount. The nurses of the Province of Quebec have answered the call, in less than three months; may other provinces do likewise.

Miss A. M. Gillespie (class 1916) has been engaged on the staff of Montreal Maternity for the summer.

Miss Hannah Stack (class 1920) is at present Night Supervisor of Lachine General Hospital, Lachine, Quebec.

Miss W. Gardner (class 1921), who has been engaged in the Alexandria Infectious Hospital at Point St. Charles, is now doing Private Duty nursing in Montreal.

We announce the engagement of Miss Kathleen Smith (class 1919) to Mr. Alexander Oswald Allen, both of Westmount, P.Q.

The sympathy of the members go out to Mrs. Gladstone Baptist (nee Shirley Farmer, class 1918), who lost her husband recently, and now her only relative, an uncle, Mr. McPherson.

We announce the engagement of Miss Lillian Stewart (class 1917) to Mr. Beverly Scott, brother of Mrs. Putnam (nee Miss Susan Scott), the marriage to take place August 1st, 1922.

Miss Rachel McConnel (class 1914), who is Assistant Superintendent of Hartford General Hospital, Hartford, Conn., is spending part of her holiday in Montreal.

Miss Mary Shaw, Lady Superintendent of Jeffrey Hale Hospital, Quebec City, was delegate to Edmonton Convention, motoring from there to Vancouver with her sister, Mrs. Geggie, and Dr. Geggie.

Miss F. M. Shaw, Directress of Nursing at McGill University, and Miss S. E. Young, matron of M. G. H., have attended the American Nurses' Convention at Seattle, Wash., after being delegates to the Canadian Convention at Edmonton, Alta.

Miss Marjorie Ross (class 1914) assumes professional duties August 1st at Shawnigan Falls General Hospital, Shawnigan, P. Q.

Miss M. Eaton (class 1918) has resigned her position on the Social Service staff of O. D. of M. G. H.

Miss Elizabeth O'Dell, B.A. (class 1915), who is Assistant Directress of Nurses of Evanston General Hospital, Evanston, Ill., is home in Montreal on a holiday.

Miss A. E. Little (class 1918) has resigned her position in the Jubilee Hospital, Victoria, B. C., and is coming east.

Miss Mary Peters (class 1919) has taken a position at the Montreal Dispensary.

The students of the School for Graduate Nurses of McGill University held a reception and tea at the Ritz Carlton Hotel on Thursday, May 11th. Miss Madelene Shaw, director of the class, assisted by the class officers, received the guests, among whom were Miss Hersey, Miss J. Craig, Miss Young, Miss Ferguson, superintendents of the city hospitals; Miss Hurlburt, of the Royal Victoria College; Miss Helen R. Y. Reid, Dr. Maude Abbott, Miss Cole and Miss Moag, of the Victorian Order of Nurses; Miss Boswell, Miss Phillips, professors of the various faculties, members of the Alumnae and partial students.

The examinations having come to a successful termination, everyone was in high spirits, and a most enjoyable hour was spent over the tea cups.

The following morning diplomas were presented to the members of the graduating class by Sir Arthur Currie. This is the first time the special classes have received their diplomas at the conferring of degrees on the regular students.

Prizes given by Miss Helen Reid, B. A., LL. D., for highest standing in each course, were awarded to Miss Jean Wilson, Lady Stanley Institute, Ottawa, in the Administrative Course; Miss Jean McCran, the Sick Children's Hospital, Toronto, in the Instructor's Course, and Miss Myrtle Ross, of the Royal Victoria Hospital, Montreal, in the Public Health Course.

All the students passed with a very high average, first-class honors being obtained by Miss M. Ross, R. V. H.; Miss Marion Nash, Wetern Hospital, Montreal; Miss Muriel Stervant, R. V. H., in the Public Health Course; Miss Jean McCraw, Miss Francis Reid, Montreal General Hospital, in the Instructers' Course, and Miss Jean Wilson in the Administrative Course.

Sherbrooke

Sherbrooke nurses have been active in work for the Nurses' Memorial. Rummage sales, teas and home cooking sales, with private subscriptions, have been used to raise the sum of $512.00, already in, with the intention to "carry on" till a larger sum is reached.

To celebrate the approaching marriage of Miss Ruby Jackson (Sherbrooke Hospital, 1920), a shower was held in the Nurses' Home on June 17th.

Miss Phoebe Blake (1919) sailed recently for England, en route for South Africa.

Miss K. Iris Taylor (S. H., 1916) has accepted an institutional position in Boston, Mass.

The graduation exercises of the Sherbrooke Hospital were held on June 23rd, when the largest class ever graduated here received their pins and diplomas. The following nurses comprised the class: Misses Flora George, Marion Grant, Sadie Johnson, Sadie Mennie, Isabel White, Jean Call, Susan Schofield, Evelyn Aiguin and Blanche Smith. Miss Johnson won the prize for Surgical Nursing in the senior class, Miss Helen Bourman being successful in the intermediate class competition. The Dorothy Sievewright prize for General Proficiency was won by Miss Flora George. The class was entertained by Miss Upton, Superintendent of the hospital, who gave a dinner for them the evening of their graduation.

Jeffery Hales' Hospital, Quebec.

The graduation exercises of 1922 class were held May 30th, with Mr. J. T. Ross, of the Board of Directors, presiding. The diplomas were presented to the graduating class by the Lieutenant-Governor, Sir Charles Fitz-Patrick. Those graduating were Misses Dorothy Bowden, Katherine Mackenzie, Mary E. McCullough, Isabel Palmer, Gretchen Riddell, Margaret Savard. Addresses were delivered by Sir Charles Fitzpatrick, Mr. J. T. Ross and Col. Wood. A reception followed the formal exercises.

On May 24th, at the Children's Memorial Hospital, Montreal, the graduating exercises of the class of 1922 took place. In a pleasing introductory speech, Dr. Cushing enlarged on the high standard maintained in the class and paid special tribute to the work of the Lady Superintendent, Miss B. J. Willoughby, O. B. E., R. R. C. Diplomas and pins were presented by Matron-in-Chief M. C. Macdonald to the nurses of the graduating class, in the following order:—

(1) Miss Dorothy Osmond, (2) Miss Daisy Chatfield, (3) Miss N. H. French, (4) Miss Helen MacDonald, (5) Miss Sarah Batson, (6) Miss Annie MacLachie, (7) Miss Dorothy McMartin, (8) Miss Marion Hawthorne, (9) Miss Elsie Brand, (10) Miss Hazel Wood, (11) Miss Irene Berry.

Miss MacDonald and Miss Willoughby were the recipients of beautiful bouquets from the class of 1922.

Then followed an inspiring address from Dr. Blackader, after which all adjourned to the Nurses' Hall, where a 'the dansant' was much enjoyed.

Among the many guests were noted Matron-in-Chief E. C. Rayside, M. H.S., R.R.C.; Matron S. Young, R.R.S.; Miss Hersey; Colonel K. Cameron, C.M.G., S.M.O., M.D. 4, and Colonel Mackenzie Forbes.

Miss Mary Shaw, Superintendent of the hospital, attended the convention at Edmonton, Alberta, in June

Royal Victoria Hospital, Montreal.

The engagement is announced of Anna Margaret Murray (1921), daughter of Mr. and Mrs. D. A. Murray, of River John, N. S., to Mr. William Stanley Locke, of Westmount, the marriage to take place August 15th.

The engagement is announced of Winnifred Ruth Hanna (1917) to Mr. Clarence G. Currie, of Livermore, Colorado.

Miss Anne Lauder has resigned her position as staff nurse. Her marriage to Theodore Waugh, M. D., Assistant Pathologist at the R. V. H., takes place shortly.

Miss Hersey attended the convention in Edmonton, and, following that, of the American League of Nursing Education in Seattle. A paper on the "Art of Questioning," written by Miss Anne Slattery (1920), was read, and an exhibit of "Recommended Standard Training School Records," prepared by Miss Beatrice Guernsey (1918), were presented to the convention in Edmonton.

Miss Irene Jackson (1918) has succeeded Miss Winnifred Hanna as Radiological Technician in the Ross Pavilion, R.V.H.

Miss Amy Stoddard (1921) has been appointed head nurse in Ward A.

Miss Anna Dickson (1918) is taking the summer course in Public Health at the University of Toronto. She has been till recently stationed at Sydenham Military Hospital, Kingston.

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ONTARIO

Guelph

The Graduate Nurses of the General Hospital entertained the graduating class of the M.G.G.H. to a dinner at the Wyndham Inn, June 9th. Miss Janet Anderson proposed the toast to the graduating class. After dinner a dance was enjoyed.

Toronto General Hospital

Miss Dorothy Cowling (class 1921) has taken the position of Night Supervisor in the operating room at New York City Hospital, New York.

Miss Marion McLennan (class 1922) has taken the position as floor nurse in the New York City Hospital.

Mr. and Mrs. Chester Latimer (nee Louise Moore, class 1917) and baby Jean, of Orange, N.J., who have been visiting her family in Niagara Falls, Ont., are leaving for a six months' trip to Vancouver, Honolulu and Japan.

Miss Vera Pearson and Miss Florence Patterson (class 1918) sailed from Montreal on June 29th to spend July and August abroad.

Miss Elizabeth Castle (class 1916), of the Provincial Board of Health staff, with her mother and sister, leave in July to spend a year in England.

Miss Bertha Fife (class 1917) was chosen as representative of the T.G.H. Alumnae at the C.N.A.T.N., convention in Edmonton. The following delegates attended also: Miss Edna Moore, Miss Hickey, Miss Cryderman, and Miss Beryl Knox.

Miss Gunn left Toronto on June 14th for Edmonton to attend the C.N.A.T.N., after which she will spend her vacation in Muskoka.

Miss Winnifred Jackson is in charge of the fourth floor of the Private Patients' Pavilion during the summer.

Miss Isabelle Thompson (clas 1921) has accepted the position of assistant nurse in charge of the fifth floor of the Private Patients' Pavilion.

Miss Edith Murphy (1922) has been appointed Night Supervisor of Burnside Obstetrical Department.

Miss Mary E. Griffen, Instructress of T.G.H., is spending the summer months in B. C.

Miss Clubine (class 1914) is relieving on the staff of the training school office.

Mrs. Cadenhead sailed from Montreal May 27th to spend the summer on the continent.

Hospital for Sick Children, Toronto

The Annual Meeting of the Alumnae Association of the Hospital for Sick Children, Toronto, was held at the residence on June 8th. It was decided to carry on with the scholarship which was to be called the Florence J. Potts Scholarship. The election of officers for the coming year took place, and a few plans were discussed for raising money for the Memorial Fund. The garden party at Lakeside on June 17th was well attended, considering the threatening weather. Miss Panton and Mrs. Storey received the guests, and Miss Edgar was in charge of the tea table.

Women's College Hospital, Toronto

Miss Hilda Suftenberg (class 1919) has been appointed Superintendent of Nurses at the Akron City Hospital, Ohio.

The graduating exercises of the Women's College Hospital were held in the Y.M.C.A. on June 9th, when a class of seven members received their pins and diplomas, presented by Mrs. F. H. Torrington. The following nurses were graduates: Misses Olive E. Skitch, Sadie F. Marshall, Josephine McArthur, Agnes Quigley, Lillie Henderson, Mabel McGregor, and Mrs. Sheshauna Myerson.

Miss Quigley received the general proficiency scholarship given by the members of the hospital medical staff; and to Miss McGregor went the scholarship presented by the Alumnae Association for post-graduate work in obstetrics. A reception followed the exercises. On June 10th, the Alumnae Association welcomed the new graduates into the association by giving a dinner in the Carls-Ritz Hotel.

St. Michael's Hospital, Toronto

Miss Grace Coyle has accepted the position of Lady Superintendent of the York County Hospital, which was opened in Newmarket in June.

The pupil nurses of St. Michael's Hospital held a very successful garden party in aid of the Overseas Nurses' Memorial Fund. A splendid programme of songs, dances and assistance from the orchestra made the afternoon most delightful.

The Alumnae Association held a most successful "Theatre Night" recently at the Royal Alexandra Theatre, when a substantial sum was realized for the Nurses' Memorial Fund.

Wellesley Hospital, Toronto

Miss Mable Greaves has returned from her home in the Barbadoes, B.W.I., and Miss Frances Brown from an extended visit to Mobile, Alabama.

Bellville General Hospital

The following nurses graduated from the Belleville General Hospital, class 1922, recently: Misses V. Humphries, E. Harvey, B. Allen, H. Wyatt, R. Jones, and Mrs. C. Sears. A delightful programme of music was given by friends of the nurses, and addresses by the Chairman, Mr. H. F. Ketcheson, and Dr. J. L. Tower. The pins were presented by Mrs. W. C. Nichol, and diplomas by the Superintendent, Miss Tait. By earnest effort of the graduate nurses in Belleville, an automobile ambulance was purchased for the hospital and was on view the afternoon of the graduation.

Hamilton

Miss Emily Greenwood has been appointed Superintendent of St. John's Hospital and Holt Clinic, Fort Smith, Ark. Miss Greenwood is a graduate of the General Hospital, Hamilton (class 1916).

Royal Alexandra Hospital, Fergus, Ontario

The Annual meeting of the Alumnae Association of the R. A. Hospital, Fergus, was held in the hospital on Thursday, June 15th, 1922.

The President's report showed a year of interest and activity.

The reading of reports was followed by the election of officers.

A reception of new members and a social half-hour brought the meeting to a close.

Miss Frances Seiler and Miss Lottie Brigham, of the B. A. Hospital (1921 class), have accepted positions in the Franklin Hospital, Franklin, New Hampshire, U. S. A.

London

The first of a series of entertainments planned by the Victoria Hospital Nurses' Alumnae Association, to raise funds for the Nurses' Memorial, was a delightful garden fete, held in the beautiful grounds surrounding the residence of Colonel Wm. Gartshore, under the joint convenorship of Miss Agnes Malloch, President, V.H.A.A., and Mrs. Walter Cummins, Treasurer, V.H. A. A. The affair was a decided success, socially and financially.

"The best ever" was the verdict passed on this year's annual picnic of the Victoria Hospital Nurses' Alumnae Association, held recently at Springbank Park and attended by more than 70 members of the alumnae.

Golden weather favored the picnickers who spent a delightful afternoon in sports and games, putting off the dignity of their profession to join heartily in the day's programme. Tea was served at long tables, laid under the great trees on the river bank, with tall purple Iris blooms carrying out the training school color most effectively.

General convenors of the happy affair were Miss Marjorie Walker and Miss Marjorie Rowe; Mrs. A. T. Eyres convened the refreshments, and Miss McVicar the clever sports programme, with Miss Agnes Malloch, President, adding a helping hand and a word of welcome to each member.

Ottawa

Rev. Sr. Felix de Valios, Superior of Ottawa General Hospital, and Sister Mary Clair, leave shortly to attend the convention in Washington.

Mrs. Hogan was appointed representative of Ottawa General Hospital at the convention at Edmonton.

Miss A. Glover, graduate of 1921, has been appointed Night Supervisor of the newly erected Maternity Hospital, Wellington St., under the management of the Salvation Army.

Mrs. J. L. Chabot, President of the Alumnae, entertained at a tea and dance for the graduating class of 1922 at her summer home, Farm Point, Quebec, on May 27th, 1922.

GRADUATION EXERCISES

Fourteen graduates received their pins and diplomas on May 29th, 1922, at the Monument Nationale. Dr. R. Chevrier, president of the Medical Board, presided. Mrs. J. L. Chabot, President of the Alumnae, presented the pins, and Mrs. J. H. Hesser, President of the Ladies' Auxiliary, distributed the diplomas to the graduates.

The nurses were addressed by Dr. De Haitre and Mr. George Kyte, M.P. for Cape Breton. Dr. De Haitre, in his address, mentioned a few general rules for conduct after leaving the hospital.

The following were graduates: Misses L. Brennan, M. Camley, P. Cousineau, Mrs. E. K. Danis, K. Bayley, M. Foley, M. Kearns, M. McEvoy, L. Mulvihill, (all of Ottawa); M. Culhane, Douglas, F. Larkins, Manotick, M. Merchant, Sturgeon Falls; L. Tompkins, New Orleans; and Rev. Sister Normand, Ottawa.

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MANITOBA

Winnipeg

Mrs. R. A. Rogers, M. L. A., who represented Manitoba at the Pan-American Conference of Women at Baltimore recently, gindly gave the Federation of Women and the nurses a talk on the work of the conference at the June meeting of the M. A. G. N.

The following nurses were delegates to the C.N.A.T.N. Convention held in Edmonton: Mrs. Morrison, Mrs. Langille, Misses Elizabeth Russell, Gauld and Starr.

Miss P. Brandson has been appointed "Child Welfare" nurse in place of Miss P. Adair, who was married recently to Mr. O'Rourke, of Fort William.

Miss Dorothy Webb, Provincial Board of Health Nurse, recently married Mr. William Cummings.

Miss Elsie Baxendale, the convenor and the members of the committee of the nurses of the municipal hospitals, Winnipeg, are to be congratulated on the successful dance given for the purpose of raising funds for the Nurses' Memorial Fund, when the sum of $218.00 was handed to the provincial treasurer. This dance was held in the new residence, which was much admired by everyone present. The rooms and supper tables were beautifully decorated, and the orchestra from the Hotel Garry furnished the music.

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SASKATCHEWAN

Saskatoon

Miss Ethel Johns was the instructor for the two weeks' course for graduate nurses at the University of Saskatchewan. In order that she might meet the nurses of the city, a tea was given for her at the residence of Mrs. N. K. Thomson.

The annual picnic of the Saskatoon G. N. A. was held at Beaver Creek, where Mrs. A. L. Royal hospitably opened their cottage for the occasion.

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ALBERTA

Lamont

Miss Lydia Henkelman (1921), Lamont Public Hospital, sailed from Seattle in July for Berthel, Alaska, to take up public health nursing among the Eskimos.

Miss Caroline French (1921) has returned to Lamont Public Hospital as Assistant Superintendent of nurses.

Miss Margaret Sloane (1922), Lamont Public Hospital, has accepted the position on the Wataskiwin Hospital staff left vacant by Miss C. French.

The Union Church, Lamont, was the scene of the 1922 graduation exercises for the class, comprising Mrs. E. Galloway, Misses A. Bell, R. Sutherland, M. Sloane, F. MacDonald, D. Spencer, K. Souder, M. McCallum, and A. Sandell. Addresses were given by Rev. A. S. Tuttle, Principal of Alberta College South; Rev. A. E. Lloyd, and Rev. Allen. The Florence Nightingale pledge was read to the class by Dr. Rush, and the diplomas and pins presented by Miss Welsh, the Superintendent of the hospital. A fine musical programme was given, and the exercises concluded with a reception given by the graduate nurses of Lamont and the wives of the local physicians.

Calgary.

A special meeting of the Calgary Association of Graduate Nurses was held in the Y. W. C. A. parlors on Thursday evening, Auguts 17th, when Miss Marian Parks, R. N., was appointed a delegate to the joint convention of the Alberta Hospital and Registered Nurses' Association in Edmonton in September.

Mrs. Stuart Browne, the President, gave a very interesting talk on the C. N. A. T.N. convention held in Edmonton in June, which was very much enjoyed by the members. Miss Agnes Kelly, R. N., the delegate to the convention, very ably gave her official report, which was very much appreciated; she also tendered her resignation as Treasurer, as she is leaving for Toronto, much to the regret of the Association.

On the adjournment of the meeting, a presentation of a writing case was made by Miss Phillips, on behalf of the members, to Miss Kelly, as a surprise; and a farewell tea was served.

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BRITISH COLUMBIA

Victoria

The following nurses graduated from the Jubilee Hospital, Victoria, Friday. June 2nd, 1922: Misses Loretta Brandon, Stella Francis, Beatrice Ferreira,

Jessie I. Dunnett, Kathleen Wright, Sara Fatt, Annie L. Dyke, Mary G. Ehlers, Flora E. Rothnie, Marjorie M. Brethour, Helen Robinson and Mrs. J. Shaw-Whitman (a post-graduate course).

St. Joseph's Hospital, Victoria.

At the second annual meeting of the Alumnae Association of St. Joseph's Hospital, the following officers were elected: President, Miss F. Sehl; 1st Vice-President, Miss Janet McEwan; 2nd Vice-President, Mrs. Osborn; Recording Secretary, Miss Edgar; Corresponding Secretary, Miss Croft; Treasurer, Mrs. Sylvester; Executive Committee, Misses E. McDonald, Marwood, Manifold and Decker. Miss Saunders was named correspondent for the "Canadian Nurse" magazine.

Miss Madeline Arent, R. N., has left for New York, where she plans a year's post-graduate training.

Miss Isla Adams, R. R., has been appointed to the position of School Nurse.

Miss Flora Bloomquist is doing private duty in San Francisco.

Miss Christine Blackadder (1915) has motored from Long Beach, California, where she has been for the last three years.

Miss Maud Byrd is on the staff of the Chemainus Hospital.

Miss Eliza Hunter (1920) and Miss Grace Smith (1920) have resigned their positions on the staff of the Campbell River Hospital.

Miss Grace Curtis (1921) has accepted a position on the staff of the Campbell River Hospital.

Miss Dorothy Clippingdale (1922) has accepted a position on the staff of the West Coast Hospital at Port Alberni, and Miss Kathleen Ryves (1922) on that of the Cnmberland General Hospital.

Miss Jessie Forshaw (1915), Dominion Inspector for the V. O. N., was delegated to represent the latter organization at the recent Canadian Public Health Congress held at St. John, N. B.

Miss Boldiena Kornick (1913) is assistant Anaesthesist at the Presbyterian Hospital, Newark, N. J.

Miss Olive Kilpatrick (1920) passed the examinations in Public Health nursing, held recently at the University of B. C., with first-class honors. She has been retained by the V. O. N. for local work.

The sympathy of the Alumnae Association is extended to Mrs. H. E. Ridewood (Mary Medd, 1919), on the loss of her mother.

ST. JOSEPH'S HOSPITAL ALUMNAE ANNUAL MEETING (SUNDAY COLONIST)

"Delegates from the Alumnae Association met the visiting nurses who came through Victoria on their way to Seattle, and presented them with an address of welcome and a basket of flowers. The latter were of the Alumnae colors, red, white, and gold.

At the annual meeting of the A'umnae Association of St. Josephs, the purchase of the most modern operating table for the eye, ear, nose, and throat department was approved.

Prince Rupert

The Graduate Nurses' Association of Prince Rupert was formed recently, when a group of interested nurses met at the residence of Mrs. Geoffrey Whitehead. A monthly meeting was arranged for and a busy winter's work planned. Mrs. Geoffrey Whitehead was appointed Chairman and a business meeting arranged for in the near future.

Miss Laura Moore, R. N., Superintendent of Nurses, Hazelton Hospital, and Miss Charlotte Black, R. N.,Superintendent of the Prince Rupert General Hospital, will be among the representatives of the nurses of the Northern portion of British Columbia at the B. C. Hospital Convention in New Westmintser, B. C., from August 29th to 31st.

* * * *

THE OCCIDENTAL GRADUATE NURSES' ASSOCIATION OF KOREA

The Occidental Nurses' Association of Korea held its Annual Meeting at East Gate Hospital, Seoul, Korea, April 5-7.

The first session was devoted to business, followed by a very interesting talk on "Leprosy" by Dr. Wilson, who has charge of the Leper Asylum at Kwangju. There are about 20,000 lepers in Korea, of whom less than 1,000

are treated in the four leper colonies at Kwangju, Taiku, Fusan and Mokpo. In the afternoon we met with the Korean Medical Association. Several interesting papers were read and discussed on "Neurasthenia,' "Evangelism in Dispensary and Hospital," and one of the best, "Tuberculosis.' The number of cases of tuberculosis in Korea is appalling, and as yet there is not one sanitarium in all Korea.

On Wednesday evening a dinner was given at the Chosen Hotel in honor of the 25th anniversary of Miss Esther Shields in Korea. Miss Shield's loyalty and devotion to duty and her love for the Koreans has made her a true Florence Nightingale to Korea.

On Thursday morning an exceedingly interesting paper was read on "Evangelistic Effort in Hospital" by Miss Margaret Logan, China. In the evening Dr. Hopkirk gave a lecture and moving pictures on "X-Ray and its value in Diagnosis."

Friday morning the question of Korean text-books was discussed. We have longed for a book in Korean that we could put into the hands of our nurses so that they can read in their own language what we are trying to teach them. Literature and more literature for our Korean nurses has been the crying need. Miss E. J. Shepping is now translating Maxwell and Pope's Practical Nursing Book into Korean, and expects to have it in the hands of the nurses this fall. "The Occidental Graduate Nurses' Association" of Korea agreed to assume all financial obligation of the Maxwell and Popo text-book, several nurses volunteering to solicit funds from home friends. Before the afternoon session closed the Korean graduate nurses were invited to meet with the Occidental Graduate Nurses' Association and discuss plans for organizing a Graduate Nurses' Association of Korea. A committee was appointed to draw up the constitution and by-laws.

The convention this year has been the best yet. So many big problems were discussed, and all feel that they have received great inspiration and help.

The following Officers were elected: President, Ethel E. Buatts; Vice-President, Esther Shields; Secretary, Mrs. J. A. McAnlis; Treasurer, Mrs. A. Ludlow; Editorial Secretary, Miriam Fox.

BIRTHS

Aikenhead—At the Wellesley Hospital, on July 28th, 1922, to Dr. and Mrs. J. H. Aikenhead (Ethel Winn, Wellesley Hospital), a daughter.

Bechtel—At the Winnipeg General Hospital, Winnipeg, June 13th, 1922, to Mr. and Mrs. Bechtel (Anderson, Winnipeg General Hospital, 1915), a daughter.

Bennet—Recently, at 258 Willard Avenue, Toronto, to Mr. and Mrs. T. E. Bennet (Mary Quinn, R. V. H., 1921), a son.

Byraut—On June 21st, 1922, at the Sherbrooke Hospital, a son to Mr. and Mrs. Guy Byraut (Olive Gunning, Sherbrooke Hospital, 1918).

Cairns—To Mr. and Mrs. George Cairns (nee Jean French, class 1914, Montreal General Hospital), July 2nd, 1922, at Montreal Maternity Hospital, a son (George).

Gurd—On July 21st, 1922, at Dr. Dunstan Gray's Private Hospital, Montreal, to Mr. and Mrs. Walter Gurd (Norah Pedley, R. V. H., 1912), a son.

Heagy—At Stratford General Hospital, on July 14th, 1922, to Mr. and Mrs. G. Heagy (Miss I. Wallace, S. G. H., 1916), a son.

Hutcheson—At Cairo, Illinois, to Dr. and Mrs. B. S. Hutcheson (Frances R. Young, Royal Victoria Hospital, Montreal, 1916), a son.

Hutchinson—On July 14th, 1922, at Fergus, Ontario, to Mr. and Mrs. A. Hutchison a daughter. (Isabella McLellan, R. A. Hospital, Fergus, 1919).

Jobb—On July 5th, at Calgary, Alberta, a daughter to Mr. and Mrs. Jobb (Mary Barr, Winnipeg General Hospital, 1911).

McKay—At Calgary, Alberta, on May 13th, 1922, to Mr. and Mrs. Wm. McKay, (Paynter, Winnipeg General Hospital, 1911), a son.

Myles—At 56 Hampton Court, Toronto, on June 1st, to Mr. and Mrs. R G. Myles (nee Nursing Sister M. C. Hirsch), a daughter (Mary June).

Steele—At the Wellesley Hospital, Toronto, on July 10th, 1922, to Mr. and Mrs. Harold L. Steele (Gladys Bateman, Wellesley Hospital, Toronto), a son.

Thomson—At Salmon Arm General Hospital, Salmon Arm, B. C., to Mr. and Mrs. J. Thomson (Nursing Sister N. F. Sharp, Montreal General Hospital, 1917), of Eagle Bay, B.C., a daughter (Rosemary Elizabeth).

MARRIAGES

Bjarnason-Polson—At Winnipeg, June 3rd, 1922, Miss Polson (Winnipeg General Hospital, 1919), to Mr. Bjarnason.

Cummings-Webb—At Winnipeg, June 17th, 1922, Dorothy Webb (W. G. H., 1913), to William Cummings.

Grant-Lopston—At Edmonton, June 20th, 1922, Miss A. G. Lopston (Winnipeg General Hospital) to Mr. Chas. H. Grant, K. C.

Hyland-Burt—On June 14th, at Los Angeles, Calif., Nursing Sister Myrtle Celia Burt, of Toronto, Ont., to Ray Winslow Hyland, only son of Mrs. May B. Hyland, 1325 S. Western Ave., Los Angeles. Mr. and Mrs. Hyland will reside in Los Angeles.

Leggo-Moody—On June 27th, 1922, at Quebec, by Rev. Mr. Walsh, Marjorie, daughter of Mr. Matthew Moody, to Mr. C. Bryson Leggo, of Montreal.

McClelland-Lewis—On Tuesday, June 13th, in St. Paul's Church, Toronto, Alva Louis Lewis (class 1919, T. G. H.) to Dr. James McClelland, Toronto.

Morrison-Hood—At Winnipeg, April 22nd, 1922, Clara M. Hood (Winnipeg General Hospital), to J. F. Morrison, D. D. S.

Musgrave-Marsh—At St. Paul's Church, Lindsay, Ont., on June 2nd, 1922, Victoria Mary, daughter of Canon and Mrs. Marsh (Wellesley Hospital, Toronto), to Arthur H. K. Musgrave, B. S. C., of Toronto. At home 48 Collier Street.

O'Rourke-Adair—At Fort William, June 1st, 1922, Miss Phyla Adair (Winnipeg General Hospital, 1910), to Mr. O'Rourke.

Patterson-Steele—On June 27th, 1922, at Christ Church, Haysville, Ont., Frederica Sarah Steele (class 1907, Hospital for Sick Children), daughter of the late C. Davey Brown and Mrs. Brown, of Haysville, to Mr. John Patterson, son of Mr. and Mrs. John Patterson, of Brampton.

Shaw-Anderson—On Monday, June 12th, at Waubaushene, Ont., Jessie Randolph Anderson (class 1921, T. G. H.) to Lt.-Col. John Shaw, D.S.O., of Toronto

VanGorder-Goforth—On June 13th, at Union Medical College Chapel, Pekin, China, Helen Rosalind Goforth (class 1918, T. G. H.) to Dr. George Wilson Van Gorder.

DEATHS

Andrews—At Christie Street Hospital, Toronto, Ont., on June 24th, 1922, Nursing Sister Gertrude S. Andrews, beloved daughter of Mr. and Mrs. S. D. Andrews, of Collingwood, Ont. Miss Andrews graduated from St. Michael's Hospital, Toronto, 1902. She served in France from 1914-1917, when she was transferred to England. Since her return she has been on the staff of the Dominion Orthopedic Hospital.

McLarren—At 72 Edward St., Halifax, June 8th, 1922, Eva Holloway, beloved wife of H. R. McLarren. She graduated in the Frost Hospital, Chelsea, Mass., in which hospital she afterwards held the position of Supervisor of the Surgical Ward. Later she was assigned to duty as a nursing sister at the Station Hospital, Cogswell St., Halifax. Mrs. McLarren was at the time of her death President of the Nova Scotia G. N. A., to whose members the news of her death will come with a particularly keen sense of loss.

Put down the passions that make earth Hell!
Down with ambition, avarice, pride,
Jealousy, down! cut off from the mind
The bitter springs of anger and fear;
Down too, down at your fireside,
With the evil tongue and the evil ear,
For each is at war with mankind.

Maud.

WANTS

WANTED by November 1st, for a nurses' residence, having 150 students and 35 graduates, a refined graduate nurse supervisor. Duties consist of oversight of housekeeping, the care of a small infirmary and the welfare of the students. A woman of mature judgment preferred, who is a good housekeeper and would be genuinely interested in the students. Unusually attractive and homelike residence. No dining room responsibility. Student nurse assistant. Physician's daily visit. Salary, $85.00.

Apply to the Principal,
Hartford Hospital Training School for Nurses, Hartford, Conn.

WANTED—Immediately;
For hospital on Lower Mainland, British Columbia, graduate nurse as Operating Room Supervisor, salary $80.00 and maintenance. Also, graduate nurse as Ward Supervisor, salary $80.00 and maintenance.
Address:
"Canadian Nurse" Magazine
125 Vancouver Block,
Vancouver, B. C.

CERTIFICATE OF PUBLIC HEALTH (C. P. H. N.)

Standard Professional Course, for Graduate Nurses only. October 3rd, 1922, to May 25th, 1923, inclusive, leads to C. P. H. N. of Western University. Apply to Miss Margaret R. McDermid, Chief of Public Health Nurses' Course. Note—Victorian Order and Red Cross Scholarships are available to a few candidates; details on application.

Western University, London, Ont.

Bellevue Hospital, New York City offers to registered nurses seventy-two dollars per month and maintenance during June, July, August and September for vacation relief.

Positions in Psychopathic Department $80. per month and maintenance.

Address General Superintendent of Training Schools.

EXECUTIVE SECRETARY

Applications for the position of Executive Secretary of the Canadian National Association of Trained Nurses—with headquarters in Winnipeg—will be received by Miss Jean Browne, President of the C.N.A.T.N. 410 Sherbourne St., Toronto.

Applicants must be members of the C.N.A.T.N., and nurses of experience and executive ability. All applications must be in before January 1st, 1923.

Graduate Nurses' Association of British Columbia.

An Examination for Registered Nurses' Certificate in British Columbia will be held in accredited Training Schools of the Province on Wednesday, Thursday and Friday, November 1st, 2nd and 3rd, 1922. Names of candidates must be in the hands of the Registrar not later than October 1st, 1922.

Full instructions to candidates may be obtained from the Registrar, or at the hospital in the town where examinations are to be held.

HELEN RANDAL, R. N., Registrar.

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DAY OR NIGHT

753 Wolseley Ave., WINNIPEG

The Victorian Order of Nurses for Canada
OFFERS SCHOLARSHIPS

The Victorian Order of Nurses for Canada offers scholarships of $400.00 each to graduate nurses who wish to avail themselves of a post-graduate course in public health nursing at the Universities of Vancouver, B.C.; Toronto and London, Ontario; McGill, Montreal; and Dalhousie, Halifax.

Nurses accepting scholarships will be expected to remain in the service of the Victorian Order for one year upon successful completion of the course at prevailing salaries.

Applications for scholarships must be made at the earliest date to the Chief Superintendent, Jackson Building, Ottawa.

Prospectus for University courses may be had upon application to the Universities.

McGill University

SCHOOL
FOR GRADUATE NURSE

The following courses are offered to qualified nurses:

Public Health Nursing.

Teaching and Supervision in Schools of Nursing.

Administration in Schools of Nursing.

All courses begin in October and end in May.

For information, apply to the Director of the School, Miss F. M. SHAW, McGill University, Montreal.

McGill University

SCHOOL FOR GRADUATE NURSES

SCHOLARSHIP

The Association of Registered Nurses of the Province of Quebec Offer a Scholarship of $500.00 for the Session of 1922-23

Graduates of any Training School in the Province of Quebec are eligible

Applications received up to August 15.

Apply to Miss F. M. SHAW
Director, School for Graduate Nurses,
McGill University.

To Holders of Five Year 5½ per cent. Canada's Victory Bonds

Issued in 1917 and Maturing 1st December, 1922.

CONVERSION PROPOSALS

THE MINISTER OF FINANCE offers to holders of these bonds who desire to continue their investment in Dominion of Canada securities the privilege of exchanging the maturing bonds for new bonds bearing 5½ per cent. interest, payable half yearly, of either of the following classes:—

(a) Five year bonds, dated 1st November, 1922, to mature 1st November, 1927.

(b) Ten year bonds, dated 1st November, 1922, to mature 1st November, 1932.

While the maturing bonds will carry interest to 1st December, 1922, the new bonds will commence to earn interest from 1st November, 1922, GIVING A BONUS OF A FULL MONTH'S INTEREST TO THOSE AVAILING THEMSELVES OF THE CONVERSION PRIVILEGE.

This offer is made to holders of the maturing bonds and is not open to other investors. The bonds to be issued under this proposal will be substantially of the same character as those which are maturing, except that the exemption from taxation does not apply to the new issue.

Holders of the maturing bonds who wish to avail themselves of this conversion privilege should take their bonds AS EARLY AS POSSIBLE, BUT NOT LATER THAN SEPTEMBER 30th, to a Branch of any Chartered Bank in Canada and receive in exchange an official receipt for the bonds surrendered, containing an undertaking to deliver the corresponding bonds of the new issue.

Holders of maturing fully registered bonds, interest payable by cheque from Ottawa, will receive their December 1st interest cheque as usual. Holders of coupon bonds will detach and retain the last unmatured coupon before surrendering the bond itself for conversion purposes.

The surrendered bonds will be forwarded by banks to the Minister of Finance at Ottawa, where they will be exchanged for bonds of the new issue, in fully registered, or coupon registered or coupon bearer form carrying interest payable 1st May and 1st November of each year of the duration of the loan, the first interest payment accruing and payable 1st May, 1923. Bonds of the new issue will be sent to the banks for delivery immediately after the receipt of the surrendered bonds.

The bonds of the maturing issue which are not converted under this proposal will be paid off in cash on the 1st December, 1922.

W. S. FIELDING, Minister of Finance

Dated at Ottawa, 8th August, 1922.

THE GRADUATE NURSES' ASSOCIATION OF NOVA SCOTIA HALIFAX.

President, Mrs. H. R. McLarren; Vice-Presidents, Miss K. O. McLetchey, R.R.C.; M. P. M. Watson, Yarmouth; Sister Ignatius, Glace Bay; Secretary, Miss Gertrude Crosby; Treasurer, Miss M. Keating; Corresponding Secretary, Miss Goddard.

THE NEW BRUNSWICK ASSOCIATION OF GRADUATE NURSES

President—Miss Murdoch, G.H. H., St. John; 1st Vice-President, Miss L. Belding, St. John; 2nd Vice-President, Miss Elizabeth Sanson, Fredericton; 3rd Vice-President, Miss MacMasters, Moncton; 4th Vice-President, Miss E. Keys, Newcastle; 5th Vice-President, Miss A. Branscombe, St. Stephen; Treasurer, Miss E. J. Mitchell, G.P.H., St. John, N.B.; Recording Secretary, Mrs. L. R. Dunlop, St. John; Corresponding Secretary, Miss Martha Fraser, 26 Meadow Street, St. John; Provincial Registrar, Miss A. Whyte, Doaktown, N.B.; Public Health Correspondent, Miss Sarah Brophy, Fairville, N.B.; Miss Martha Hoyt, St. John; Canadian Nurse Correspondent, Miss Eva Craig, G.P.H., St. John. Regular Monthly Meeting of Executive, 2nd Monday, 8 p.m.

ALUMNAE ASSOCIATION OF JEFFREY HALE'S HOSPITAL, QUEBEC.

Honorary President, Miss Mary Shaw; President, Mrs. M. K. Craig; First Vice-President, Miss White; Second Vice-President, Miss MacKay; Recording Secretary, Miss A. Murphy, 247 St. Cyrille Street, Quebec; Corresponding Secretary, Miss Una Gale; Treasurer, Miss M. Fischer.

Executive Committee—Miss May, Miss Lenfesty, Miss C. Kennedy, Miss Black, Miss Wilson. Refreshment Committee—Miss D. Binning, Miss Fellows.

Representative to the "Canadian Nurse"—Miss V. Horner.

Sick Visiting Committee—Miss G. Mayhew, Miss E. Jack.

Regular meeting first Monday at 8 p.m.

OFFICERS OF THE ALUMNAE ASSOCIATION OF THE SHERBROOKE HOSPITAL, SHERBROOKE, QUE.

President, Mrs. Wilfred Davey; First Vice-President, Mrs. C. K. Bartlett; Second Vice-President, Miss Buchanan; Recording Secretary, Miss Jessie Saint-Denis; Corresponding Secretary, Miss Van; Treasurer, Mrs. Colin Campbell; Representative to "Canadian Nurse," Mrs. Roy Wiggett, Apt. 17, Mon. Nationale, Sherbrooke; Regular Monthly Meeting—Second Tuesday.

THE ALUMNÆ ASSOCIATION OF THE ROYAL VICTORIA HOSPITAL, MONTREAL, QUE.

Honorary President, Miss E. A. Draper; President, Miss Goodhue; First Vice-President, Miss A. L. Campbell; Second Vice-President, Miss Bellhouse; Recording-Secretary, Mrs. E. Roberts, 360 Prudhomme Avenue; Corresponding-Secretary, Miss M. A. Prescott; Treasurer, Miss Lillian Pidgeon; Treasurer of Pension Fund, Miss Milla MacLellan;; Executive Committee—Miss Hersey, Miss A. M. Hall, Miss Etter, Mrs. Stanley, Miss Guernsey, Miss B. Stewart; Programme Committee, Miss Katherine Davidson; Representative to Canadian Nurse, Miss Grace Martin; Representatives to Local Council of Women, Mrs. H. T. Lyons and Miss Winnifred Bryce; Sick Visiting Committee, Convener, Mrs. M. J. Bremner, 225 Pine Avenue West. Phone Up. 3861. Regular meeting—Second Wednesday, at 8 p.m.

THE ALUMNAE ASSOCIATION OF THE WESTERN HOSPITAL, MONTREAL

Hon. President, Miss J. Craig; President, Mrs. J. Pollock; First Vice-President, Miss C. Rowley; Second Vice-President, Miss H. Williams; Treasurer, Miss J. Craig, Western Hospital, Montreal; Secretary, Miss B. A. Dyer, Western Hospital, Montreal, Quebec.

Convener of Finance Committee—Miss B. A. Birch, Western Hospital.

Convener of Programme Committee—Miss Ada Chisholm.

Convener of Membership and Visiting Committee—Miss Ethel Mount.

Convener of General Nursing Committee—Miss B. A. Birch.

Representative to Canadian Nurse—A. M. Stephens.

CLEVELAND MATERNITY HOSPITAL AND DISPENSARIES OF WESTERN RESERVE UNIVERSITY

has, in the interest of obstetrical nursing, assumed the responsibility of a three-year course. This course has been planned for students who wish to major in obstetrics. Opportunity to study all branches of obstetrical nursing will be given the student in the last eight months of the senior year.

The fundamental studies are arranged for through affiliations with General Hospitals.

Outline of Course

Preliminary Course, 4 months, given at hospital of Student Affiliation.

Medical Nursing	6 months
Surgical Nursing	3 months
Operating Room	2 months
Children's Nursing	3 months
Diet Kitchen	2 months
Contagious	2 months
Eye, Ear, Nose, Throat, Tuberculosis, Mental and Skin	6 months

Maternity Hospital—Last 8 Months

Mothers	2 months
Babies	2 months
Delivery Room	1 month
Parental, Delivery and Postpartum experience	2 months
Milk Laboratories	1 month

Allowance

Books, uniforms and maintenance throughout.
Four weeks vacation each year.

POST GRADUATE COURSE

A Post-Graduate Course of four months is arranged for graduates of accredited schools. Maintenance and $25.00 per month for uniforms and books is allowed.

The Affiliated Course prepared for students of schools with limited or no obstetrical service is as comprehensive as the time allowed by the individual affiliating school will permit.

Apply, Superintendent, Maternity Hospital,
3735 Cedar Avenue, CLEVELAND, OHIO.

THE ALUMNAE ASSOCIATION OF THE WOMEN'S HOSPITAL, MONTREAL

Honorary President, Miss E. F. Trench, Superintendent of Nurses, Women's Hospital; President, Miss Seguin, 1353 Clarke Street; Vice-President, Miss Francis, Montreal; Secretary-Treasurer, Miss G. MacDougall, 86 St. Luke Street.

Conveners of Committees—Finance, Miss E. F. Trench; Sick Visiting, Miss MacVicar, Miss F. Cantor.

Representative to the "Canadian Nurse"—Miss S. E. Almon Mowry, 86 St. Luke St.

Regular Monthly Meeting—Third Wednesday, 8 p.m.

THE ALUMNÆ ASSOCIATION OF THE CHILDREN'S MEMORIAL HOSPITAL TRAINING SCHOOL FOR NURSES, MONTREAL

Hon. President, Miss Willoughby; President, Miss C. Macdonald; Vice-President, Miss Elsie Wood; Secretary Treasurer, Miss K. Maddocks.

Board of Directors—Miss Armour and Miss Morris.

Canadian Nurse Representative—Miss E. G. Miller.

Regular Meeting, First Friday of each month at 8.30 p. m.

THE ALUMNAE ASSOCIATION OF THE HOMEOPATHIC HOSPITAL. MONTREAL, QUE.

Honorary President, Mrs. H. Pollock, Superintendent of Homeopathic Hospital; President, Miss M. Richards, 166 A. Mansfield Street, Montreal; First Vice-President, Miss H. O'Brien, Homeopathic Hospital; Secretary, Miss I. Garrick, 414 Pie IX Boulevard, Montreal; Assistant Secretary, Miss M. Lunny, 357 Oliver Avenue, Montreal; Treasurer, Miss N. Dickson, Homeopathic Hospital; Conveners of Committee: Finance—Miss D. Miller; Sick Visiting—Misses Beuchanan, Taylor, Swan, Barr, Sanders.

Representative to the Canadian Nurse—E. Routhier, 4 Oldfield Ave.

Regular Monthly Meeting—First Thursday at 8 p.m.

THE ALUMNAE ASSOCIATION OF THE MONTREAL GENERAL HOSPITAL, MONTREAL

President, Miss Mabel Davies; First Vice-President, Miss Holt; Second Vice-President, Miss Frances Reed; Recording Secretary, Miss Kirkland; Corresponding Secretary, Miss Miriam Gray; Treasurer Sick Benefit, Miss Henrietta Dunlop. Executive Committee, Misses F. M. Shaw, Winifred Scott, Nora Tedford, F. Strumm and Ruth Loggie; Sick Visiting Committee, Misses C. S. McLeod, Bessie Briggs, Jane Home and Gwendoline Nichol. Representatives to Local Council of Women, Mrs. F. Lamb and Miss Hardinge; proxies, Miss Holt and Mrs. Hardwick.

Representative of the "Canadian Nurse" Magazine, Miss Agnes Jamieson, 975 Tupper Street, Montreal.

THE CANADIAN NURSES' ASSOCIATION, MONTREAL

President, Miss Phillips, R. N., 750 Urban Street; First Vice-President, Miss Daisy Hay-Brown, R. N. 39 St. Lulle Street; Second Vice-President, Miss Florence Thomson, R.N., 165 Hutchison St.; Secretary-Treasurer, Miss Susie Wilson, R.N., 638a Dorchester St., W.; Registrar, Miss Lucy White, R.N., 638a Dorchester St. W.; Convener, Miss Georgie Colley, R.N., (Griffintown Club), 261 Melville Ave., Westmount.

Regular Meeting, First Tuesday, 8 p.m.

ASSOCIATION OF REGISTERED NURSES FOR PROVINCE OF QUEBEC.

President, Miss F. M. Shaw, 56 Sherbrooke St., W.; Vice-President, Miss Hersey, Royal Victoria Hospital; Secretary-Treasurer, Miss L. C. Phillips, 750 St. Urbain St., Montreal, P.Q.; Committee—Misses Young, Craig, Samuel, Lawrence, Guillemette, Noel, Jameson, Hetherington, Sister Fafard.

DR. JUNIOR: "Here's the word—'Antiades'— with accent on 'ti.' It says here it means tonsils; the thought being 'opposite to' or 'opposed to'—and is used as 'swollen tonsils,' in Medicine. Isn't it remarkable the large number of words with the Greek prefix—'anti'—attached to their roots?"

DR. SENIOR: "And does this not lead your thoughts to our modern, 'Anti-phlogist-ine'—the scientific name for a scientific means with which to 'oppose inflamed, swollen tonsils'—or any other inflammatory condition?"

DR. JUNIOR: "Yes,—and I wonder why 'Antiphlogistine' is not in our modern dictionaries? It certainly is a part of modern English——"

DR. SENIOR: "And it belongs in the dictionary. Moreover, I am sure that no fairminded lexicographer of today, can longer overlook the omission of 'Antiphlogistine' from his former text; but will realize a dictionary of the English language is not complete without the well-known significant word—ANTIPHLOGISTINE."

DR. JUNIOR: "I'm going to write for the Ear, Nose and Throat booklet which the Antiphlogistine people send to physicians."

DR. SENIOR: "Have them send two copies."

THE ALUMNAE ASSOCIATION OF ST. LUKE'S HOSPITAL, OTTAWA, ONT.

President, Miss Margaret Moore; Vice-President, Dr. M. J. McCurdy; Treasurer, Miss G. Stanley; Secretary, Miss E. Grace Woods; Nominating Committee. Miss Church, Miss Lovering, Mrs. Way.

Representative to Ottawa Chapter—Miss M. Nelson.

Representative to Local Council of Women—Miss Hewitt.

Representatives to Central Registry—Miss N. Lewis, Miss E. G. Woods.

Regular Meeting—Third Thursday, 4 p.m.

THE NURSES' ALUMNAE ASSOCIATION OF OTTAWA GENERAL HOSPITAL.

Hon. President, Rev. Sr. Mary Alice; President, Mrs. J. L. Chabot, 170 Laurier Ave., E.; Vice-Pres., Miss M. Brankin; Sec'y-Treas., R. A. Waterston, 91 Daly Ave.. Membership Sec., Miss M. Kennedy. Board of Directors, Mrs. J. W. Anderson, Mrs. C. Devitt, Mrs. A. Poulton, Miss F. Lyons, Miss L. McElroy, Miss G. Evans, Miss A. Stackpole. Representatives to Central Registry: Miss M. Kennedy, Miss E. Dea, Miss A. Stackpole. Representative "Canadian Nurse' Magazine—Miss Nevins. Representatives to Local Council of Women—Mrs. J. L. Chabot, Mrs. Latimer, Mrs. Devitt, Mrs. Viau. Representative to Catholic Women's League—Mrs. J. L. Chabot.

Regular Meetings, First Friday of each month at 8 p.m.

THE FLORENCE NIGHTINGALE ASSOCIATION OF GRADUATE NURSES, OTTAWA.

Hon. President, Miss M. A. Catton; President, Miss Gertrude P. Garvin, Isolation Hospital; Vice-President, Mrs. L. M. Dawson; Recording Secretary, Mrs. D. S. Johnston; Corresponding Secretary, Miss Gertrude M. Bennett, Royal Ottawa Sanitarium; Treasurer, Mrs. A. J. Nettleton, 165 Florence St.

Members of Executive and Convenors of Committees—Membership, Mrs. C. J. McPherson; Sick Visiting, Mrs. Geo. Brown; Programme, Miss M. C. MacDonald; Nominating, Miss L. C. Stevens; "Canadian Nurse,' Miss M. Chipman, Miss E. V. O'Reilly.

Representatives to Local Council of Women are the officers.

Meeting, Third Thursday at 8 p.m.

LADY STANLEY INSTITUTE ALUMNAE ASSOCIATION, OTTAWA

(Incorporated 1918) Officers 1922-1923

Hon. President, Miss Mary A. Catton, Superintendent of Nurses, Lady Stanley Institute; President, Mrs. C. T. Ballantyne, 191 Rideau St., Ottawa; Vice-President, Miss Mae McCreary; Secretary, Miss Hazel A. Johnson, 633 Rideau St., Ottawa; Treasurer, Miss Jean Blyth; Directors, Miss Annie Ebb, Miss McNiece, Mrs. Waddell.

Representative "Canadian Nurse" Magazine, Miss Mary Sluin, 204 Stanley Avenue, Ottawa.

BELLEVILLE GENERAL HOSPITAL ALUMNAE ASSOCIATION

(Affiliated Members of G. N. A. of Ontario)

President, Miss Evelyn Cunningham, 39 Yeoman Street; Vice-President, Miss R. Fimnie, 463 George Street; Secretary-Treasurer, Miss Edna M. Howard, 27 Victoria Avenue; Corresponding Secretary, Miss Leapha B. Clarke, 27 Victoria Avenue.

Advisory Board—Conveners: Mrs. Leavens, George Street, Belleville, Ont.; Mrs. M. Graham, 642 Shaw Street, Toronto, Ont.; Mrs. R. Coulter, Stirling, Ont.; Mrs. Warrell, Picton, Ont.

GRADUATE NURSES' ASSOCIATION OF ONTARIO

Incorporated 1908. Officers 1922-23

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